

AFFECTIVE CURRICULUM TO TARGET PERFECTIONISM AND ASSOCIATED
OUTCOMES IN PRE-ADOLESCENT GIFTED AND TYPICAL STUDENTS

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DEDICATION

To my husband, Dewayne Fillmore, who has encouraged me endlessly and loved me unconditionally.

To Joey Morris, who lived his life in a way which inspired me to chase everything I ever wanted.

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“Surround yourself with the dreamers and the doers, the believers and thinkers, but most of all, surround yourself with those who see the greatness within you, even when you don’t see it yourself.”

-Edmund Lee

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CHAPTER I: INTRODUCTION

Overview

It was once accepted as canon that gifted individuals were more prone to develop perfectionism than were their typical peers (Adderholdt-Elliott, 1987). However, over time this previously accepted fact has come into question due to varying levels of literature support. While some researchers maintained the idea that children who are identified as gifted are more likely to experience perfectionistic tendencies (Roberts & Lovett, 1994; Baker, 1996; Schuler, 2000; Jackson & Peterson, 2003), others suggest that those who are gifted experience perfectionistic tendencies at the same rate as non-gifted individuals (Parker & Mills, 1996, Parker, Portesova, & Stumpf, 2001; LoCicero & Ashby, 2000; Cross & Cross, 2015).

Although gifted individuals may exhibit different characteristics of perfectionism, or even react to perfectionism differently, there is no longer the universal conclusion that they are any more likely than their peers to be perfectionists. However, as noted by Cross and Cross (2015), there are several life experiences distinct to the gifted population which present them with unique risks factors for perfectionism and accompanying negative outcomes. Specifically, gifted students are especially susceptible to being seen as weird or odd by their peers, due to their substantial cognitive abilities, as well as their risk for asynchronous development, or the tendency (Silverman, 1997). Additionally, overcommitment, which is common among gifted students, is likely to lead to instances of high stress and anxiety, as they work towards meeting their obligations (Peterson, Duncan, & Canady, 2009; Peterson, 2016). Finally, gifted students will often require more of their families monetary and temporal resources than their typical siblings, as enrichment opportunities catered to their cognitive abilities are often expensive and

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may require travel (Cross & Cross, 2015). While not formally studied, such concessions could reasonably lead to added stress and family discord.

While there is a large body of literature establishing the co-occurrence of negative affective attributes with perfectionism (Stoeber & Otto, 2006; Hewitt & Flett, 1991), research concerning evidence-based interventions to target perfectionism and reduce these negative affective traits in either gifted or typical individuals is sparse. To alleviate perfectionism and accompanying distress, the fields of psychological and gifted studies widely support the use of an affective curriculum. Specifically, targeting perfectionistic tendencies, associated negative affect, and underlying distorted thinking patterns or beliefs is recommended, as they may result in unhealthy behavior or distress in the pursuit of perfection (Garrett, 2005; Mofield, 2008; Peterson, 2003). The National Association for Gifted Children (NAGC) even addressed the need for interventions targeted to meet the needs of gifted children in their 2005 position statement. Yet, there remains a lack of evidence-based interventions designed to target perfectionism or the needs of gifted students. Existing studies on this topic were recently piloted in Australia and have shown promising results (Nehmy & Wade, 2015; Fairweather-Schmidt & Wade, 2015). The current study employs an original intervention, designed to address perfectionism and associated negative outcomes in gifted students as well as their typical peers.

Giftedness

One may argue that giftedness was not an official term until it was defined in the *Marland Report* (1972). In this report to the U.S. Congress, S.P. Marland offered the first definition of giftedness to be found in any government document. Here, gifted students were defined as “children...with demonstrated achievement and/or potential ability” in any number of listed areas (p. 2). This is similar to the definition used by many states to describe gifted and

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talented students in research and practice. The NAGC reports, “gifted individuals are those who demonstrate outstanding levels of aptitude (defined as an exceptional ability to reason and learn) or competence (documented performance or achievement in top 10% or rarer) in one or more domains” (National Association for Gifted Children, 2008). These students are often identified through standardized testing, although a single measure for gifted service qualification is not considered to be best practice (Ritchotte et al., 2016) and many programs utilize a more comprehensive identification process including work samples and teacher referrals.

While there is no single noncognitive profile for giftedness, continued research has found various common developmental and personality traits. For example, Dabrowski (1967) proposed five separate overexciteabilities, or heightened sensitivities: psychomotor, sensual, intellectual, imaginal, and emotional. He postulated that these excitabilities were more prevalent in gifted individuals than in the non-gifted population. Recent research examining this theory supports Dabrowski’s claims. For example, Harrison and Van Haneghan (2011), examined several traits including insomnia, anxiety, and overexciteabilities in both typical and gifted adolescents. They found the gifted students did in fact have higher levels of overexciteabilities. Additional affective traits of gifted students often mentioned in available literature include asynchronous development-the tendency to develop advanced cognitive skills while maintaining typical development in other areas-(Silverman, 1997), perfectionism (Schuler, 2002), and anxiety (Goetz, Preckel, Zeidner, & Schleyer, 2008). Although not inherently negative, each of these attributes has been linked to emotional distress (Pfeiffer & Stocking, 2000; Cross & Cross, 2015). Thus, while gifted students may not be more likely to develop negative emotional outcomes, they have a unique set of risk factors for doing so.

Perfectionism

Perfectionism involves setting unreasonably high, often unattainable goals, and exclusively valuing their completion (Affrunti, 2014; Flett et al. 2011). The construct is well-researched in terms of development, with multiple studies supporting the idea of family dynamics, cultural, and child factors playing a role in its manifestation (Flett et al. 2002; Speirs Neumeister, Williams, & Cross, 2009; Chan 2009, 2012). Outcomes have also been widely established, with a range of negative affective attributes being associated with perfectionism, both in gifted students and their typical peers (Stoeber & Otto, 2006; Hewitt & Flett, 1991). Anxiety (Delegard, 2004; Frost & DiBartolo, 2002), depression (Brown & Beck, 2002), and low self-esteem (Delegard, 2004) have all been linked to the pursuit of perfection, as have stress and poor coping skills (Nounopoulos, Ashby, & Gilman, 2006; Mofield, Peters, & Chakraborti-Ghosh, 2016).

In addition to negative affective outcomes, evidence suggests that perfectionism can have a negative impact on the quality of work produced and overall student success. For example, risk-taking in learning refers to the willingness of students to step outside their comfort zone and try new methods, propose new ideas, or face advanced challenges (Adderholt-Elliott, 1989). Research indicates that students who are perfectionistic are less likely to take risks, limiting their potential for advanced and creative product (Davis & Rimm, 2004; Cohen & Frydenberg, 2006). Finally, underachievement is an issue for gifted students, despite their documented potential or ability. It has been suggested that perfectionism can contribute to underachievement in gifted and typical populations, due to the fear of turning in less than perfect work and the fear of failing. Thus, students may procrastinate, refuse to turn in work at all, or give up rather than trying to

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conquer challenging material (Rimm, 1997; Adderholdt-Elliott, 1989; Davis & Rimm, 2004; Mofield, Peters, & Chakraborti-Ghosh, 2016).

The idea of varying typologies of perfectionism began to develop based on research support in the 1990s. In this decade, multiple scales were developed which categorize perfectionism as a multidimensional construct with varying trait expressions. From this new conceptualization grew the idea that certain types of perfectionism may actually be healthy, or at least adaptive. Three of the most commonly used scales, the Frost Multidimensional Perfectionism Scale (Frost, Marten, Lahart, and Rosenblate, 1990), Hewitt's Multidimensional Perfectionism Scale (Hewitt & Flett, 1990), and the Almost Perfect Scale (Slaney, Mobley, Trippi, Ashby, & Johnson, 1996) identify both a measure of adaptive and maladaptive perfectionism. Parker (1997) would later utilize the Frost scale in his research to develop three different types of students: nonperfectionists, healthy perfectionists, and dysfunctional perfectionists. However, it is important to note, that while most agree that perfectionism is a multifaceted construct, the idea that any type of perfectionism is adaptive is hotly debated and sometimes vehemently opposed (Flett & Hewitt, 2006; Greenspon, 2000, 2012).

Negative Outcomes Associated with Perfectionism

Anxiety refers to “excessive fear...in anticipation of a future threat” (American Psychiatric Association, 2013, p. 189), and it is almost impossible to explore the construct of perfectionism without examining its link to anxiety. According to Greenspon (2012), “as much as perfectionism is about the desire for perfection, its motivating force is anxiety—the fear of failure, the sense of never being good enough, and of being somehow flawed” (pp. 600–601). In their review of mental health concerns of gifted individuals, Cross and Cross (2015), referred to the anxiety which accompanies perfectionism as “debilitating” (p. 165). The anxiety may come

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from multiple sources, including family discord resulting from the allotment of resources (both time and money) to the gifted child and their opportunities, attempts to hide their giftedness in order to appear socially acceptable, and over commitment on the part of the gifted child in order to maintain the level of performance others expect from them (Cross & Cross, 2015).

When concerned about either depression or anxiety, it is advisable to screen for both symptom clusters as anxiety and depressive disorders often co-occur (Neihart, 2012). Similar behaviors may be seen in each disorder, such as withdraw from situations or activities. However, the underlying cognitive processes and motivation for such behaviors will differ, with depression being characterized by anhedonia or low mood as compared to anxiety's avoidance and withdraw from activity due to fear (Cross & Cross, 2015; American Psychiatric Association, 2015). Events which trigger depression are likely to be similar to those which trigger anxiety and may include asynchronous development, which can sometimes result in a child being intelligent enough to identify a problem while remaining unable to work through it, dissonance when trying to balance when to achieve versus when to fit in, and a feeling of lack of control (Kanevsky & Keighley, 2003).

According to Dunkley and colleagues (2014), perfectionism "has an adverse impact on the stress and coping process" (p. 616). Specifically, self-criticism has been linked to both avoidant coping and withdraw from stressful academic situations (Dunkley, Zuroff, & Blankstein, 2003; Dunkley, Mandel, Ma, 2014). According to Nounopoulos and colleagues (2006), successful coping skills are necessary for both gifted and typical students, as children and adolescents consistently report high stress when attempting to meet academic challenges related to their personal standards. This means youths are frequently experiencing stressful situations in which they must employ coping skills to maintain their mental and emotional health.

Affective Curriculum

Maslow (1943) famously ranked the needs of individuals into a specific hierarchy in which an individual must have their most basic needs met before being able to strive for higher-order needs. Additionally, he posited that self-actualization, the need at the top of the pyramid, would result in satisfaction and adjustment for the individual. However, when students are gripped by negative emotions and psychological symptoms such as depression, anxiety, and inadequacy, they will become unable to meet their esteem needs and therefore be incapable of reaching their potential. Additionally, the importance in meeting the affective needs of gifted students was highlighted by the National Association for Gifted Children (NAGC) in their 2005 position statement. In this statement, the NAGC advocated strongly for a curriculum designed for gifted children and adolescents which would include social and emotional development components. Additionally, the NAGC specifically mentioned perfectionism as an area to be targeted for further research and counselor development.

Previous researchers have attempted to address negative affect through a targeted curriculum and have found success. For example, in 2002, Kutlesa worked with undergraduate and graduate students using various techniques such as cognitive restructuring and examining issues underlying their perfectionism in order to address associated problems such as depression and anxiety. The 8-week intervention was successful at decreasing the targeted affective symptoms. Two studies piloted in Australia in 2015 examined the use of targeted affective curriculum in reducing perfectionism. Results from these studies supported the utility of such interventions in both pre-adolescent children and high school girls (Nehmy & Wade, 2015; Fairweather-Schmidt & Wade, 2015). Finally, in her doctoral dissertation, Dr. Emily Mofield (2008) cites additional studies which provide support for the use of affective curriculum for both

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gifted and typical students in targeting stress, anxiety, peer relations, and coping by utilizing various methods, including: group dynamics, bibliotherapy, and peer discussion.

Rationale and Significance of the Study

Although once thought to occur more often in the gifted population, more recent research indicated that typical and gifted individuals are equally likely to experience perfectionism. This makes available literature and proposed studies invaluable to a wide range of students.

Perfectionism has been found to co-occur with symptoms of anxiety and depression, which cause significant emotional distress (O'Connor, Dixon, & Rasmussen, 2009; Flett, Goldstein, Hewitt, & Wekerle, 2012). Decreasing these symptoms is of utmost importance and may be done by targeting the underlying issue of perfectionism. Professional organizations and researchers alike have called for means by which to address the social-emotional needs of gifted and typical students (NAGC, 2005; Neihart, Reis, Robinson, & Moon, 2002). Both a reactive approach, such as the involvement of counselors to reduce anxiety, and preventative approaches should be explored. An affective curriculum may have both treatment and preventative effects. Practical applications of such a curriculum are documented, although a gap in the literature on them remains. Additionally, there is currently a lack of evidence-based interventions targeted at decreasing levels of perfectionism, and therefore little data to examine their success in eliminating co-occurring negative affective symptoms. Identifying successful interventions can successfully combat perfectionism and related emotional concerns.

Research Questions

1. Did levels of perfectionism, life satisfaction, anxiety, and depression change at each time point (pre-test, post-test, 4-week follow-up, and 8-week follow-up)?

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2. Did reports of perfectionism, life satisfaction, anxiety, and depression, differ based on school, grade level, gifted status, and group membership?
3. Did self-oriented and socially prescribed perfectionism significantly predict anxiety, depression, and life satisfaction?

List of Terms

Gifted: Traditionally, this label has been used for students who exhibited overall cognitive skills two standard deviations above the mean, placing their overall level of functioning at 130. In this study, gifted students were identified based upon the gifted/high ability criteria of the school where the research project took place, in accordance with Indiana State Law. At minimum, state law dictates a high ability student: “(1) performs at or shows the potential for performing at an outstanding level of accomplishment in at least one (1) domain when compared with other students of the same age, experience, or environment; and (2) is characterized by exceptional gifts, talents, motivation, or interests” (Indiana Code and Rules Affecting High Ability Student Education, 2007).

Typical: Individuals in the study who were not identified to be gifted per the criteria of the school where the research was conducted.

Perfectionism: Setting of near unattainable goals, and exclusively valuing their attainment (Affrunti, 2014; Flett et al. 2011).

Perfectionism, socially-prescribed: Perfectionism which is present in an individual and influenced or motivated by someone (or a group) outside of the individual (i.e., the media, friends, family members, teachers, etc., Hewitt & Flett, 1991).

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Perfectionism, self-oriented: perfectionism which is motivated directly by the individual rather than an outside person or agency (Hewitt & Flett, 1991).

Perfectionistic behaviors: Behaviors associated with perfectionism, serving the purpose of satisfying the need to be perfect. May also be referred to as perfectionistic tendencies.

Affective Curriculum: A structured curriculum utilizing multiple tools (bibliotherapy, guided viewing, targeted questioning, etc.) to address the affective needs of students.

Assumptions

1. It is assumed that the control group were administered measures in a standardized fashion, comparable to the measures administered to the treatment group.
2. It is assumed that the treatment of the intervention described in the study was the only treatment participants were receiving at the time of the study.
3. It is assumed that students were correctly and accurately labeled as “gifted” or “typical” by the school.

Limitations

1. This study uses intact classrooms as groups, rather than random selection, which detracts from a true experimental model
2. The use of the label “gifted” or “high ability” often differs between programs or schools. Thus, any differences between gifted and typical individuals in the current study may not generalize to programs whose definition of giftedness varies significantly from the criteria mentioned here.

CHAPTER II: LITERATURE REVIEW

The Social and Emotional Functioning of Gifted Students

Extensive research exists attempting to identify common characteristics of gifted individuals. While there is no set of features which will map onto all individuals in any one group, research has provided us with some common traits which tend to co-occur with giftedness. For example, certain personality traits have been found to commonly occur in gifted students. Additionally, Dabrowski's Theory of Positive Disintegration (TPD; 1967) has been hypothesized to differentially impact gifted learners. Finally, the idea of development which differs across domains, asynchronous development, is thought to be common in the gifted population.

Personality Traits

Multiple studies have been dedicated to the goal of identifying a specific personality profile or set of traits in gifted individuals. For example, Sak (2004), examined 19 independent samples of gifted adolescents using the Myers-Briggs Type Indicator (MBTI; Myers, 1962). Type indicators are as follows: Extraversion/Introversion (E/I), Sensing/Intuition (S/N), Thinking/Feeling (T/F), and Judging/Perceiving (J/P). Sak's results indicated certain personality types were more common in gifted individuals; specifically, intuitive (N) and perceiving (P) were the two most common traits. Additionally, gifted individuals scored higher on the traits of introversion (I), thinking (T), and perceiving (P). These results aligned with previous research in which gifted students and high-achieving unidentified students were found to show higher scores on introversion and intuition when compared to the traits of extraversion and sensing (Myers & McCauley, 1985). Cross and colleagues (2007) also reported the most common personality types among gifted individuals to include INTJ, INTP, INFP, ENFP, and ENTP. Again, introversion

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(I), and intuition (N), and perceiving (P) were highlighted, although thinking (T) and feeling (F) were almost equally represented. In this particular study, gender differences for the gifted sample were found on E/I, with males tending to be introverted whereas gifted females were extroverted (Cross, Speirs Neumeister, & Cassady, 2007).

Similarly, Sekowski and Siekanska (2008), examined 90 adults who had been national academic award winners in their adolescence and compared them to 90 typical adults. Findings revealed that shyness and “lower sociability” were two traits typically found in the award-winning sample, with simultaneous lower levels of sociability and interpersonal relations. It is important to note that the extent of these traits was not seen as pathological or problematic in terms of adjustment or development. Additional traits commonly found in Sekowski and Siekanska’s sample included a greater desire to achieve, focus on personal interest, self-reliance, a strong sense of individualism, and autonomy. Many of these traits were similar to those presented by Webb (1994), during his brief review of literature and conceptualization of the needs and traits of gifted children. Specifically, Sekowski and Siekanska’s autonomy and individualism were mirrored in Webb’s description of a lack of conformity in gifted children. He stated that gifted children were likely to challenge presented rules or expectations, sometimes leading those around them to be uncomfortable. Interestingly, when examining gifted students who chose to drop out of high school, Hansen and Toso (2007), found that many of the students they interviewed shared their discontent that teachers would often attribute the conformity of their classmates to giftedness while viewing nonconformity and challenging of authority as behavioral problems.

Lee & Olszewski-Kubilius (2006), examined the current literature on non-intellectual traits of gifted adolescents and reported that “current conceptions of giftedness include

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nonintellectual characteristics, such as persistence, motivation, [and] risk-taking” were generally included as “key components” of the personality of gifted students (p. 29). Additionally, “resilience, risk taking, independence, emotional intensity, assertiveness, and persistence; an internal locus of control; self-efficacy; self-concept; and creativity” were reported to occur often in the population (p. 30). The traits of self-efficacy, openness, and intrinsic motivation were also found to be precursors to giftedness in creative domains (Hong, Peng, & O’Neil Jr., 2014). However, avoidance of risk-taking was also found within the population, perhaps as a side-effect of anxiety over failure and was associated specifically with underachieving gifted youth (Webb 1994; Kerr, 1985,1991).

Overexcitability

Dabrowski’s Theory of Positive Disintegration (TPD; 1967) is often cited in work on the social and emotional development of gifted students. The theory identifies five different levels of development, each of which must be completed before moving to the next level. The first level in the theory is initial integration, which is followed by three levels of “disintegration: unilevel, spontaneous multilevel, and organized multilevel” (Mofield & Parker Peters, 2015, p. 406). Moving up from integration through disintegration leads to the development of potential, but like all change, requires an unsettling of previous levels of comfortable adjustment. An important aspect of TPD is the idea of specific overexciteabilities, or heightened sensitivities in certain areas. Those who possessed these overexciteabilities or sensitivities were thought to be able to move through the continuum more easily, which Dabrowski believed occurred more commonly in the gifted rather than general population. The five identified areas of oversensitivity are: psychomotor, sensual, intellectual, imaginational, and emotional. Over the years, studies have found support for the presence of Dabrowski’s overexciteabilities in gifted adolescents (Mofield

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& Parker Peters, 2015; Harrison & Van Haneghan, 2011). While it is common for more than one overexcitability to be present in an individual, each area of overexcitability affects development and behavior in different ways and therefore each area must be understood.

Psychomotor overexcitability refers to “having higher levels of energy or being able to remain extremely focused and occupied with a particular subject” (Harrison & Van Haneghan, 2011, p. 671). Because it has also been characterized as apparent restlessness, impulsivity and inattention, there has been a resulting debate concerning the possibility of an over-diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) in gifted children (Amend & Peters, 2012; Mofield & Parker Peters, 2015). When experiencing psychomotor overexcitability, the same child who was seemingly unable to focus during certain tasks may maintain attention over a long period of time if the content or task is of particular interest to them (Piechowski, 1997).

Understandably, teachers and parents who do not understand psychomotor overexcitability may view the child’s behavior as purposely selective attention and defiance. Alternatively, they may worry about apparent restricted interests; known to commonly be a sign of Autism Spectrum Disorder (American Psychiatric Society, 2013).

Sensual overexcitability refers to an individual’s particular sensitivity to various senses. It can manifest in any of the five senses, causing a particular aversion or preference to certain smells, tastes, textures, sounds, or sights. Again, reactions to the particular stimuli to which the child is oversensitive may be cause concerns of Autism Spectrum Disorder, as such preferences and aversions to texture are common within the disorder (American Psychiatric Society, 2013). These reactions vary in intensity and may therefore be either extremely pleasant or unpleasant for the individual (Harrison & Van Haneghan, 2011). It has been proposed that anxiety disorders, insomnia, and panic attacks may be linked to this particular type of overexcitability.

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Additionally, the concern for risky sexual behavior in adolescence and beyond has been expressed due to the individual seeking a satisfying sensual experience (Lovecky, 1992; Sheely, 2007).

Intellectual overexcitability is exhibited by those who feel a need to understand and conceptualize complex or existential matters. Students experiencing this type of overexcitability are more likely to avidly read, question often, and have a true love of learning about unique subjects (Harrison & Van Haneghan, 2011). These individuals often “need to find meaning: the meaning of life, the meaning of who they are inside themselves, the meaning of interpersonal relationships to them” (pp. 63, Silverman, 1993). As such, children exhibiting sensitivity in this area may suffer from insomnia, anxiety pertaining to the unknown, and depression when struggling to understand topics which are beyond them developmentally such as mortality (Neihart, 2002; Silverman, 1993). It has also been suggested that these children are likely to be more spiritual than others their age due to the need to conceptualize and understand a deeper meaning in the world. Unsurprisingly, this particular overexcitability seems to be linked to healthy perfectionism (Mofield & Parker Peters, 2015).

Imaginational overexcitability seems to be correlated with creativity but has been proposed as a link to fear of the unknown, anxiety, and depression (Harrison & Van Haneghan, 2011). Anecdotally, many of the most celebrated American authors have been seen as both creative and yet emotionally troubled (Dardis, 1989). In Mofield and Parker Peters (2015) work on overexciteabilities and perfectionism, they found low imaginational overexcitability to be correlated with healthy perfectionism. Alternatively, Gross (2004) reported that many gifted students expressed a love of fantasy and book-based games, which may serve as an escape or

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copied strategy for gifted children who may otherwise experience stress or anxiety (Lovecky, 1992).

Emotional overexcitability, involving “perceiving life with very intense emotions and reactions,” has been theorized to be either highly beneficial or troublesome, depending upon which other traits and overexciteabilities it is combined with, according to Dabrowski’s contemporary, Piechowski (p. 673, Harrison & Van Haneghan, 2011). According to Piechowski (1997), emotionally overexcitable individuals may become “brooding...morbid or neurotic” especially when combined with imagination and high intellectual functioning (p. 287). Alternatively, he argued it may inspire creativity and self-actualization. In fact, high emotional overexcitability has been linked to healthy perfectionism and advanced moral sensitivity (Ruf & Radosevich, 2009; Lee & Olszewski-Kubilius, 2006).

Asynchronous Development

Silverman (1997), reviewed the concept of asynchrony in giftedness, exploring the early development of the concept through the lens of Hollingworth, Terrassier, Dabrowski, and Vygotsky. As Silverman explained, true asynchronous development involves multiple aspects, perhaps the best-known being the idea of uneven development. Although the outcome looks quite different, Silverman explained asynchrony of the gifted as being practically similar to the asynchrony in intellectually disabled individuals in that their body appears to be a certain age while their intellect, emotions, and needs are all at varying age-levels. Citing Binet and Simon’s (1908) construct of mental age, Silverman explained that, while chronological age generally predicted motor tasks, coordination, height, etc., mental age would better account for sense of humor, ethical reasoning, and awareness of the world.

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Beyond the apparent confusion caused by asynchrony, uneven development can have real, negative ramifications on the social development, academic performance, and mental and emotional health of gifted students. As summarized by Tolan (1989), a highly-gifted six-year-old “may be six while riding a bike, thirteen while playing piano...nine while debating rules, eight while choosing hobbies or books, five...when asked to sit still (pp. 7). Obviously, when a child is developing at varying rates across tasks, an age-appropriate classroom setting will be difficult, if not impossible to create. Students, parents, and teachers are likely to become frustrated while trying to understand and meet the academic needs of these students. Silverman (1997) also reminds us that these students are at risk for being socially excluded, in part due to a lack of shared interests with their peers, but also because they are seen as unusual by other children. Cross and Cross (2015), found in reviewing the literature that gifted boys are likely to be more popular while girls who are gifted are often not liked. The same review reported that gifted students may even try to reduce social stigma by hiding their giftedness.

In regards to mental health, asynchronous development can lead to feelings of frustration and anxiety as students can conceptually identify and understand a problem, but do not possess the advanced skills necessary to solve it (Neihart, 2002). Combined with their intellectual overexcitability, gifted children may feel excessive sadness at broad injustices but lack the coping skills necessary to accept their limited power. Webb (1994) also pointed out that the uneven development experienced by gifted children may inhibit their ability to properly express themselves through art as they will likely conceive advanced ideas but lack the motor skills to transfer their ideas to paper. Silverman (1997) agreed that adults are often confused by how slowly gifted children master the mechanics and quality expression of writing when compared to their skill in reading and comprehension.

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Summary of The Social and Emotional Functioning of Gifted Students

As previously stated in this work, gifted children are not necessarily at a higher risk for psychological maladjustment than are typically developing students. However, there was previously the thought that gifted students were automatically able to cope without intervention, to be well-adjusted, and popular with their peers simply because of their intellect. This line of thinking lacks literary support and can actually be quite harmful, as it is likely to result in gifted students not being considered at-risk for frustration and emotional turmoil (Chan, 2010; Speirs Neumeister, Williams, & Cross, 2009; Tam & Phillipson, 2013). Examining the unique characteristics and development of gifted students is imperative in identifying their needs and addressing mental and emotional health concerns. As reported by Cross and Cross (2015), while gifted students do not possess an increased risk for adjustment concerns, their risk factors are unique.

Perfectionism

Perfectionism involves setting unreasonably high, often unattainable goals, and exclusively valuing their completion (Affrunti, 2014; Flett et al. 2011). One of the more controversial topics in the field of perfectionism research is the idea that certain levels or types of perfectionism may actually be seen as positive or adaptive. The most commonly used perfectionism scales do differentiate between types of perfectionism, often labeling self-oriented perfectionism as positive and socially prescribed perfectionism as negative (Frost, Heimberg, Holt, Mattia, & Neubaurer, 1993; Stoeber et al., 2009; Slaney, Mobley, Trippi, Ashby, & Johnson, 1996). Facets of perfectionism deemed positive include organization, attention to detail, and striving for excellence. Alternatively, self-criticism, doubting, and social comparison have all been identified as negative aspects of perfectionism. Multiple studies have examined adaptive

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and maladaptive perfectionism and cited differences in outcomes (Dunkley, Zuroff, & Blankstein, 2003; Luo et al., 2015; Eum & Rice, 2010).

However, not all researchers agree that perfectionism in any form is truly healthy. Flett and Hewitt (2014), stated that longitudinal research on the outcomes of perfectionism is needed before we are able to discern whether or not the behaviors which some call adaptive actually deserve that label. Additionally, they pointed out that we may not have an accurate view of the behaviors of perfectionistic people, due to the fact that we rely almost entirely upon self-report measures which are susceptible to narcissism and social desirability bias. Specific to self-oriented perfectionism, Flett and Hewitt cautioned, “extreme self-oriented perfectionism has several inherent features that limit its adaptiveness, including rigid and inflexible thinking, an abiding fear of failure, an excessive self-focus, and a propensity to react poorly following mistakes and setbacks” (p. 905).

Greenspon (2012, 2014), posits that adaptive perfectionism simply does not exist. Instead, he explains that those positive characteristics which are often categorized as positive perfectionism are actually no more than a pursuit of excellence, which is not perfectionism at all. He clarifies, “striving for excellence is vitalizing and energizing, and it opens the possibility of continued growth. Perfectionism by contrast is deadening, bringing with it feelings of hopelessness and personal failure” (p. 989). He further compares the two concepts by discussing how each group responds to failure, stating that those who strive for excellence are disappointed by failing to meet their goals while those who are perfectionistic will “devastated” by failure (p. 988). Without the fear and anxiety associated with failure, he argues, you do not have perfectionism at all. And by that reasoning, no condition which results in such negative emotional outcomes can ever be seen as healthy or adaptive.

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Although it is the professional opinion of this author that perfectionism is largely associated with negative attributes and functioning, the field at large currently identifies both adaptive and maladaptive perfectionism, often characterized by striving for excellence (adaptive) and concern for mistakes (maladaptive). As such, when reviewing the literature, it is important to present findings associated with perfectionism with the distinction of healthy or adaptive perfectionism and unhealthy or maladaptive perfectionism. This distinction is necessary for clarity and continuity, as outcomes between the subtypes of perfectionism vary. This variation between typologies makes it difficult if not impossible to review the literature and present current findings without conceptualizing the construct of perfectionism in the way in which it has been previously researched.

Measurement

As previously stated, the idea of varying typologies of perfectionism began to develop based on research support in the 1990s. One of the first scales to be developed which treated perfectionism as a multidimensional variable was the Frost Multidimensional Perfectionism Scale (FMPS; Frost, Marten, Lahart, and Rosenblate, 1990). When developing their scale, Frost and colleagues began by administering a 67-item scale to 232 female college students. Prior to distributing the scale, the authors identified five overarching facets of perfectionism, Personal Standards, Concern over Mistakes, Parental Expectations, Doubting of Actions, and Organization. After the scale was piloted in the first sample, a factor analysis was conducted, items were reduced, and the scale was again employed on female university students. The resulting six factors (Concern over Mistakes, Personal Standards, Parental Expectations, Parental Criticism, Doubts about Actions, and Organization) each had strong reliability with alpha's ranging from .77 to .93. Overall scale reliability was reported at .90 and was found to correlate

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with the existing Burns Perfectionism Scale (Burns, 1980), at .85. It should be noted that the construct of Organization was established as a separate composite and did not factor into the overall level of perfectionism. Later, the FMPS and its six composites would be used to identify facets of perfectionism associated with positive (organization and personal standards) and maladaptive perfectionism (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993).

While Frost and his colleagues were working on their scale, Hewitt and Flett (1991) developed their own Multidimensional Perfectionism Scale (MPS). In their measure, Hewitt and Flett identified three aspects of perfectionism including socially-prescribed, self-oriented, and other-oriented perfectionism. Other-oriented perfectionism, or the idea that one expects those around them to be perfect, is not particularly helpful for the present study and seems to function in part as a side-effect of perfectionism as a whole (Greenspon, 2014). Socially-prescribed perfectionism on the other hand, is the idea that individuals who are perfectionistic act in that way in order to please those around them and appear exceptional (Hewitt & Flett, 1991). The third type of perfectionism, self-oriented perfectionism, involves an internal motivation or need to succeed which results in personal satisfaction. In terms of adaptive and maladaptive, self-oriented perfectionism is considered to have the best outcomes in terms of adjustment (Frost et al., 1993; Stoeber et al., 2009) whereas socially prescribed perfectionism tends to correlate regularly with more negative outcomes (Stoeber, Feast, & Hayward, 2009; Bong, Hwang, Noh, & Kim, 2014).

A third commonly used perfectionism scale, the Almost Perfect Scale-Revised (APS-R), is a 3-factor measure which divides perfectionism into adaptive and maladaptive (Slaney, Mobley, Trippi, Ashby, & Johnson, 1996). Two of their variables, high standards and order, are common in both adaptive and maladaptive perfectionists. However, the third variable,

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discrepancy, is generally associated only with maladaptive or unhealthy perfectionists.

Discrepancy is characterized as the difference between the goals one sets and their actual performance (Nounopoulos, Ashby, Gilman, 2006). In essence, discrepancy is when the individual examines and acknowledges how far short of their goal or personal standard they actually fell.

In 1997, Hewitt and colleagues developed the Child and Adolescent Perfectionism Scale (CAPS; Hewitt, Newton, Flett, & Callander). Authors altered many of the items on the existing MPS in order to make them more appropriate for children and adolescents while also developing new items. Through multiple studies, the original scale was cut from 60 items to the 22 currently existing items. Original factor analysis resulted in two composites, self-oriented and socially prescribed perfectionism, which were similar to the two factors of the same name in the original MPS. The self-oriented scale had an alpha coefficient of .85 while the socially prescribed scale had an alpha coefficient of .81. While the two-factor model has been found appropriate in subsequent studies (Bas & Siyez, 2010; Sironic & Reeve, 2015), other studies have proposed a three-factor approach in which self-oriented perfectionism is split into a self-critical (negative) or striving (positive) type (McCreary, Joiner, Schmidt, & Ialongo, 2004; O'Connor, Fraser, Whyte, MacHale, & Masterton, 2009). Additionally, a 14-item measure was developed using the original 22-items from the CAPS (O'Connor, Dixon, Rasmussen, 2009), but this version was not supported by the Flett and his colleagues (Flett et al., 2016).

Development

In their study on the development of perfectionism, Flett and colleagues (2002) proposed that multiple factors combined to foster perfectionism in children and adolescents, primarily in the areas of family, child, and environment. Specific to family, four family history models which

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were likely to result in perfectionistic children were offered: social expectations, social reaction, social learning, and anxious rearing. Research exists to support the impact three of these models may have on children. Social expectations, or the idea that parent approval of their children is contingent upon their performance, has been supported in a range of studies (Kamins & Dweck, 1999; Hewitt & Flett, 1991; Speirs Neumeister, Williams, & Cross, 2009). One study conducted by Speirs Neumeister (2004) involved interviews with twelve university freshmen participating in an honors program. Their responses indicated that parenting style, specifically an authoritarian style, contributed to students tying their self-worth to their intellectual ability or achievement. Students were then fearful of letting down their parents by performing less than perfectly, contributing to the development of socially prescribed perfectionism.

Available research also suggests a similar family model, social reaction, can influence the development of perfectionism (Flett et al., 2002; Speirs Neumeister, Williams, & Cross 2009; Speirs Neumeister, 2004; Speirs Neumeister and Finch, 2006). It is important to note the difference between social expectation and social reaction. While each model communicates the idea of contingent worth and approval, in the social reaction model, the consequence of poor performance is not only a withdrawal of approval; it includes harsh punitive measures or even physical abuse. Again, some of the students in Speirs Neumeister's (2004) study endorsed having parents who used tactics such as "emphasizing obedience, trying to control their children's behaviors with punitive threats, and restricting communication of love and support" (p. 263).

Finally, a third model, social learning is backed by much of the available literature (Speirs Neumeister, Williams, & Cross 2009; Parker, 2002; Damian, Stoeber, Negru, & Baban, 2013; Clark & Coker, 2009; Cook & Kearney, 2009, 2014; Appleton, Hall, & Hill, 2010). In this

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model, student's level of perfectionism is influenced by the perfectionistic traits exhibited by their parents. For example, a child may watch their parent continuously work long hours in order to turn in products they deem perfect or at least representative of their best work. The child may then internalize that behavior and equate success with continuously putting in extra time and refusing to turn in products that are not perfect (Speirs Neumeister, 2004).

Flett and colleagues (2002) also proposed a number of child factors which may increase the likelihood of an individual developing perfectionism. These factors include temperament, attachment style, openness to social influence, and need for approval and recognition. Speirs Neumeister and Finch (2006), found that insecure attachment was linked to the development of perfectionism in their sample. In terms of personality traits, self-evaluative factors of perfectionism (concern over mistakes, need for approval, rumination, and perceived parental pressure) have been found to correlate with neuroticism. Not surprisingly, the trait of conscientiousness had been correlated with conscientious factors of perfectionism, including organization, striving for excellence, planning, and high standards for others (Cruce et al., 2012). Similarly, Basirion, Majid, and Jelas (2013), found that openness to experiences and conscientiousness were each related to positive perfectionism while neuroticism was related to negative perfectionism.

Gender differences have also been examined as a child factor impacting the development of perfectionism (Chan 2009, 2012; Parker & Mills, 1996). Though support for an overall difference in rate or typology of perfectionism was not found, there is evidence that students may score differently on specific subscales measuring various attributes of perfectionism (Tsui & Mozzocco, 2006, Siegle & Schuler, 2000; Chan, 2007; Margot & Rinn, 2016). Birth order also seemed to be a factor, with only children and first-borns tending to rate highly on concern over

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mistakes when compared to middle children or youngest children (Margot & Rinn, 2016).

Another study supported the idea that parental expectations and criticism are both higher for first-born children (Siegle & Schuler, 2000).

The third source of perfectionism proposed by Flett and colleagues, environmental factors, encompass broad ideals such as cultural norms, current societal events and standards, and the culture of the school. For example, identified gifted students in China were found to be categorized largely as “healthy perfectionists,” perhaps stemming from the cultural view that high standards and goal achievement are positive attributes (Chan, 2009, 2010, 2012; Fong & Yuen, 2014). Alternatively, Basirion, Majid, & Jelas, (2013) found the majority of their participants from Malaysia to be dysfunctional perfectionists. In 2011, a study comparing European American college students with similar aged peers in Japan also found a trend of “self-enhancement” in the Western students and “self-criticism” in their Japanese counterparts (p. 1; Chang, Chang, & Sanna, 2011). The authors of that study pointed out that self-enhancement was not encouraged or seen as positive in more traditional Eastern cultures, which focused on the success and progress of society as a whole.

Societal shifts, such as the one experienced in the United States school system when No Child Left Behind (NCLB) was enacted in 2002, may also account for varying levels of perfectionism in students (Speirs Neumeister, in press). Specific to NCLB, an increased emphasis was placed on standardized testing and high scores, often resulting in pressure on the student to perform well on the measure, potentially exacerbating underlying perfectionism in a number of students as they are seen as valuable to the school or district when they excel on such measures (Moon, 2006). Additional school factors such as a lack of challenge have been shown to contribute to perfectionism as many gifted students who are perfectionistic recall a lack of

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challenge in early academic endeavors which contributed to their need to continue to excel (Schuler, 2002; Speirs Neumeister, 2004; Speirs Neumeister, Williams, & Cross, 2009). An overly competitive academic environment has also been shown to impact perfectionism, as students feel a need to outperform those around them in order to maintain approval or self-worth (Flett, Hewitt, Oliver, & MacDonald 2000; Damian, Stoeber, Negru, & Baban, 2013).

Summary of Perfectionism

The construct of perfectionism is largely seen as one which develops based on interactions and relationships within a family or social context. Environment, culture, gender, birth-order, and family dynamic all seem to play a role in the development and expression of perfectionistic qualities. Over the last three decades, researchers have conceptualized perfectionism as multi-dimensional; some are intrinsically motivated while others are socially prescribed. According to the great majority of researchers in the field, perfectionism is constructed from positive characteristics such as organization and high personal standards as well as negative characteristics which include self-criticism and fear of failure. However, there is still a great debate in the field as to which aspects of perfectionism can accurately be called adaptive. What is important to know, moving forward, is that individuals who are perfectionists will face various social, emotional, and psychological outcomes, depending on which traits of perfectionism are salient in their personality and behavior.

Negative Outcomes Associated with Perfectionism

Anxiety

According to the American Psychiatric Association (2013), anxiety involves “excessive fear...in anticipation of a future threat” (p. 189) and can be triggered by the thought of separation from a loved one, apprehension about a negative evaluation, or a general feeling of fear and

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worry in daily life. When examining the link between anxiety and perfectionism, one can easily conceptualize anxiety as a fear of failure (Harter & Whitesell, 2001; Greenspon, 2012). In fact, Greenspon (2014), explained perfectionism as “simultaneously a desire to be perfect and a fear of imperfection” (p. 988). For perfectionists, this fear may result in the expectation of failure and a pattern of avoidance motivation (Dickson & Moberly, 2013). Thus, there is not so much the question of *if* anxiety is related to perfectionism, but rather what does that relationship look like. In the opinion of Greenspon (2012), “as much as perfectionism is about the desire for perfection, its motive force is anxiety—the fear of failure, the sense of never being good enough, and of being somehow flawed” (pp. 600–601). This makes it nearly impossible to examine perfectionism without examining the often “debilitating” comorbid anxiety (Cross & Cross, 2015, p. 165). Therefore, the real questions are: what aspect of perfectionism is linked to anxiety, under what circumstances is anxiety produced, and what type of anxiety is related to perfectionism?

Using a sample of seventh grade students in Korea, Bong and colleagues (2014), examined both self-oriented and socially prescribed perfectionism to determine if it was linked to test anxiety. Their findings indicated that socially prescribed perfectionism was linked to several negative academic outcomes, including test anxiety. However, the same relationship was not found between self-oriented perfectionism and test anxiety, indicating that individuals whose perfectionism is motivated by the views of others are more likely than their internally motivated counterparts to experience test anxiety. These findings aligned with existing research which posited that test anxiety was positively correlated with maladaptive perfectionism (Eum & Rice, 2011). Additionally, Eum and Rice found that perfectionism, in combination with goal orientation, accounts for 31% of the variance in test anxiety. Another interesting finding from the

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same study was the observation that both anxiety and maladaptive perfectionism were increased when a cognitive task was made salient.

Social anxiety is differentiated from other forms of anxiety because it rests on the fear of negative evaluation and judgment from others (American Psychiatric Association, 2013). Social anxiety can be exceptionally problematic in the school setting as it has been negatively correlated with academic achievement (Brook & Willoughby, 2015). Poor academic achievement will typically feed the fear of failure in perfectionists, producing a cycle of anxiety and poor performance. In their study, Cox and Chen (2015) sought to understand which parts of perfectionism are most related to social anxiety. Through their work with an undergraduate sample, they concluded that socially prescribed perfectionism was linked to social anxiety. Additionally, the doubts about actions subscale from the Multidimensional Perfectionism Scale (MPS; Hewitt et al., 1991), was implicated in the occurrence of social anxiety. Interestingly, post-event rumination was found to be related to perfectionism, indicating that perfectionists, specifically socially prescribed perfectionists, are more likely to ruminate about performance on a certain task. This is an especially noteworthy finding, as a general link between perfectionism and rumination has not been supported by the literature (Blankstein & Lumley, 2008; Randles et al., 2010). While this study was limited by a relatively small sample size ($n = 48$), it is unique in that it utilized a speech task in its examination of perfectionism, providing a salient link to social anxiety.

Handley and colleagues (2014), utilized the FMPS in an attempt to identify specific characteristics of perfectionism which may relate to generalized anxiety disorder (GAD). They found that the dimensions of concern over mistakes and personal standards were predictive of pathological worry in their sample. Additionally, doubts about actions, a third dimension, was

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predictive of a diagnosis of GAD. This study was limited by a small sample size, ($n = 36$); additionally, the generalization of the findings to the population are limited due to the fact the researchers utilized a clinical sample for the study. However, research concerning the relationship between various perfectionism factors and anxiety has been conducted on non-clinical samples. Erozkán (2016), again employed the FMPS in order to identify specific dimensions of perfectionism which were linked to anxiety. Erozkán's results were similar to those of Handley's (2014); concern over mistakes and personal standards were again implicated in anxiety sensitivity. Additionally, the remaining four areas, parental expectations, parental criticism, doubts about actions, and organization, were found to be significantly correlated to anxiety sensitivity. Because all dimensions were found to correlate, we must recognize that both socially prescribed and self-oriented perfectionism may be implicated in the development of anxiety.

When exploring the relationship between anxiety and perfectionism, examining the reaction individuals have to failure is advantageous. Stoeber, Schneider, Hussain, and Matthews (2014), designed a study where a sample of university students were confronted with either repeated success or repeated failure. Through the use of manipulated feedback on a computer-based task, Stoeber and colleagues examined the reactions students had to learning they had correctly or incorrectly completed 80% of the task. Type of perfectionism (self-oriented or socially prescribed) was assessed using the MPS and compared to levels of anxiety, depression, and anger. Individuals with socially prescribed perfectionism were found to increase in level of anxiety, anger, and depression after their initial feedback indicating failure. Their levels of anxiety, depression, and anger further increased as they were repeatedly confronted with failure. The students identified as self-oriented perfectionists were more resilient and did not increase in

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anxiety, depression, or anger after their first failure. However, when they encountered repeated failures, self-oriented perfectionists experienced an increase in anxiety. These findings are not surprising when one considers that the anxiety experienced by many perfectionists is centered around a fear of failure. When individuals are forced to realize their fears repeatedly, their anxiety is likely to increase in response.

Summary of Anxiety and Perfectionism

Anxiety involves cognitive and behavioral responses to excessive fear or worry pertaining to a danger or threat. It has been known to cause various physical symptoms including psychomotor agitation and sweating in addition to a withdraw or avoidance of tasks (American Psychiatric Association, 2013). Perfectionism has been found to co-occur with higher levels of test anxiety, social anxiety, and generalized anxiety type symptoms. These findings have been supported by research conducted both in typical environments and with confrontation tasks or exposure to failure (Cox and Chen, 2015; Stoeber, Schneider, Hussain, & Matthews 2014). It is generally believed that perfectionism involves a deep fear of failure, which may account for the anxiety-related symptoms as perfectionists are consistently fearful of or threatened by the thought of failure (Harter & Whitesell, 2001; Greenspon, 2012; (Mohammed, Mourad, Eissa, & Mostafa, 2013).

Depression

Depression is characterized by a “sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function” (American Psychiatric Association, 2013, p. 155). Overall, perfectionism has been “relatively understudied” in relation to the development of pediatric depressive disorders (Affrunti and Woodruff-Borden, 2014, p. 299). However, some studies exist which report a link between

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perfectionism and depression, with higher levels of perfectionism tending to co-occur with higher levels of depression (Zhou, Zhu, Zhang, & Cai, 2013). In fact, Erozkan and colleagues reported that perfectionism has been “implicated as a major variable contributing to the maintenance of depression” (Erozkan, Karakas, Ata, and Ayberk, 2011, p. 460). Various researchers studying perfectionism and depression report that both socially prescribed and self-oriented perfectionism are positively correlated with depression (Castro et al. 2004; Huggins et al. 2008). However, other studies have indicated that socially prescribed and self-oriented perfectionism may differentially impact depression (Ashby, Noble, and Gnilka, 2012; Asseraf and Vaillancourt, 2015). Interestingly, some studies have reported gender differences in the level of depression experiences (Affrunti and Woodruff-Borden, 2014; Erozkan, Karakas, Ata, and Ayberk, 2011).

Erozkan and colleagues (2011), employed the Frost Multidimensional Perfectionism Scale (FMPS; Frost, Marten, Lahart, and Rosenblate, 1990) and Beck Depression Inventory (BDI; Beck, Rush, Shaw, & Emery, 1979) with nearly 600 high school students in order to explore a possible link between depression and perfectionism. Findings indicate that all sub dimensions of perfectionism, as measured by the FMPS, were correlated with depression. The authors also noted that individuals who scored higher on the subscale concern over mistakes were particularly sensitive, displaying a negative reaction to mistakes as well as a lack of confidence when compared to other groups. Furthermore, significantly higher levels of depression were found for girls than for boys. Authors hypothesized that this was related to the fact that concern over mistakes appeared to interact with academic and social stress when predicting depression. They theorized that, because girls were more often exposed to interpersonal stressors, they were more likely to demonstrate depressive symptoms.

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When grouping perfectionism into adaptive and maladaptive, available research clearly illustrates the link between maladaptive perfectionism and depression is stronger than a relationship between adaptive perfectionism and depression (Asseraf and Vaillancourt, 2015; Flett & Hewitt, 2006; Stoeber & Otto, 2006). In their study of perfectionism, Ashby and colleagues (2012), found that lower life satisfaction, higher stress, and increased levels of depression were all characteristics of maladaptive perfectionists when compared to adaptive perfectionists (Ashby, Noble, and Gniska, 2012). Additionally, maladaptive aspects such as concern over mistakes and doubts about actions have been found to occur at a higher level in actively depressed patients than in their nonclinical counterparts (Mathew, Sudhir, & Mariamma, 2014). Historically, several theories have been proposed to address depression's connection to specifically maladaptive perfectionism. For example, Hewitt and Flett (2002), claimed that maladaptive perfectionists were more likely to encounter stress failure due to their unrealistic expectations. In the same work, authors suggested that maladaptive perfectionists were more likely "to stringently evaluate themselves and others, focus on negative aspects of performance, and experience little satisfaction" (p. 259).

The link between depression and perfectionism may be especially important when working with individuals from non-Western cultures. Hamamura and Laird (2014), examined various school factors, maladaptive perfectionism, acculturation, and depression in a cross-cultural sample. Findings indicated that, while maladaptive perfectionism did not appear to be culturally dependent, it significantly contributed to the depression of East Asian international students. In fact, when combined with acculturative stress, perfectionism accounted for over 30% of the variance in levels of depression. Wang (2012), also sought to conceptualize the effects of perfectionism on depression level in a non-Western culture; his sample consisted of 348

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Taiwanese college students. Wang examined various family factors, reflecting that the Taiwanese culture was collectivist and therefore the mental health of the individual may be heavily tied to group feedback. His findings indicated that perceived family discrepancy, or the perception of not meeting standards held by family members, did negatively impact the participants' self-esteem more than personal feelings of discrepancy, which was consistent with previous research indicating that anxiety pertaining to parental expectations may lead to additional psychological distress (Wang and Heppner, 2002).

Summary of Depression and Perfectionism

Depression and depression-like symptoms, including withdraw, low mood, and anhedonia have been found to co-occur with perfectionism, particularly with maladaptive or unhealthy perfectionism. This relationship is somewhat complex, as gender, culture, and even age may play a role in the extent or occurrence of depression with perfectionism. While it is not known why certain individuals may be more susceptible to depression, various explanations have been offered. In terms of gender differences, it has been noted that interpersonal and peer stress-reportedly more common for females-is an added risk factor for depression. Family expectations due to cultural differences and stress from acculturation has been proposed as an explanation for the comorbidity of depression and perfectionism in non-Western samples. Finally, Hewitt and Flett (2002), linked the stress than many perfectionists feel by continuing to miss their unattainable goals as a reason for the co-morbidity. Stress is clearly implicated in both perfectionism and depression, which may also explain some level of co-occurrence.

Stress and Coping

While successful coping is important for all individuals, it is especially useful for individuals who experience perfectionism, as it may be a protective factor between perfectionism

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and various negative outcomes. Specifically, there is literary support for coping as a mediator in the relationship between perfectionism and school burnout (Luo, Wang, Zhang, Chen, & Quan, 2015). However, it has been suggested that perfectionistic individuals are more likely to hold coping standards which are unrealistic and therefore detrimental to the treatment of perfectionism (Hewitt and Flett, 1991; Affrunti, 2014). According to some researchers, “perfectionism has emerged as a transdiagnostic cognitive–personality factor that has an adverse impact on the stress and coping process” (Dunkley, Mandel, & Ma, 2014, p. 616). Specifically, high personal standards and self-criticism were found to be related to avoidant coping strategies, as individuals who possess these traits are more likely to anticipate a personal failure to meet such standards (O’Connor & O’Connor, 2003; Shafran, Cooper, & Fairburn, 2002). In terms of healthy versus unhealthy perfectionism, it is important to remember that high personal standards are likely to be seen as adaptive while self-criticism is decidedly maladaptive. Thus, components from both healthy and unhealthy perfectionism are likely to have an adverse effect on the process of coping with stress. In their longitudinal study, Dunkley and colleagues (2014), found that self-criticism was in fact linked to multiple negative symptoms, including avoidant coping as measured by the COPE inventory (Carver, Scheier, & Weintraub, 1989).

One facet of perfectionism specifically, discrepancy, or the observation of the difference between goals and actual performance, has been linked to poor coping (Nounopoulos, Ashby, & Gilman, 2006). In their study, Nounopoulos and colleagues noted that high stress tended to accompany efforts to meet high standards, specifically in the academic environment. Thus, identification of coping mechanisms would be helpful to students with high standards in order to combat the stress they experience. Findings suggested that individuals who had a high level of discrepancy had a lower level of perceived coping resources. The perception of available coping

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resources in imperative for successful coping (Lazarus, 2000). Thus, students who exhibit this specific maladaptive perfectionistic trait are less likely to cope successfully.

Achtziger and Bayer (2012) explored the possibility of a link between perfectionism and stress by examining how 165 college freshmen tend to cope with stress in their lives. Their findings indicated that discrepancy was positively correlated with stress, while high standards were found to be negatively correlated with stress. Discrepancy, as measured by the APS-R (Slaney et al., 1996), is conceptualized as maladaptive and seen most often in socially prescribed perfectionism, while high standards is seen as an adaptive component of perfectionism, seen in the self-oriented type of perfectionism. Additionally, Achtziger and Bayer found that self-control was a mediator in the relationship between perfectionism and stress, serving as a protective factor. “Self-control was found to be a significant negative predictor of stress” (p .419). Thus, students who suffer from perfectionism may be able to better handle stress and adapt to situations which are likely to produce stress if they learn to control their thoughts and emotions.

Academic Underachievement

Academic underachievement can be conceptualized as “the discrepancy between the child’s school performance and some index of his or her actual ability” (Davis & Rimm, 2004, p. 206). Practically, it occurs when a student is not achieving academically at the level which is expected given their cognitive ability. Academic underachievement can occur in any student population and is exceptionally troubling when it occurs in gifted students who, by definition, have exceptional potential. While not necessarily an emotional concern on its own, academic underachievement is likely to cause psychological distress in individuals with perfectionism, due to the failure to meet their own high standards (Fornia & Frame, 2001; Rice, Richardson, &

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Clark, 2012). As such, it is imperative to recognize and understand the interaction between perfectionism and academic underachievement.

Various aspects of performance have been identified in academic underachievement. One of these factors is procrastination, which has been previously linked to perfectionism (Brownlow & Reasinger, 2000; Flett et al., 1992; Onwuegbuzie, 2000; Rice, Richardson, & Clark, 2012). In fact, Adderholt-Elliot (1989) named procrastination as one of the five factors of perfectionism which contributes to underachievement. Recently, studies have more closely examined the relationship between perfectionism and procrastination, finding it to be more complex than a simple correlation. For example, some have suggested that only socially prescribed perfectionism is correlated with procrastination, while self-oriented perfectionism has negative relationship to procrastination (Bong, Hwang, Noh, & Kim, 2014). Alternatively, other researchers report that self-oriented perfectionism is significantly correlated with procrastination, accounting for 22% of the variance in academic procrastination (Mohammed, Mourad, Eissa, & Mostafa, 2013). When examining the reasons for academic procrastination, most students in Mohammed's study reported a fear of failure as their motivation, a fear which is at the heart of perfectionism (Harter & Whitesell, 2001; Greenspon, 2012). Another possible source of the perfectionism/procrastination link is the fact that perfectionists tend to internalize their failure, meaning that each assignment may be viewed as paramount to one's self-worth (Kurt & Chenault, 2015). More research is necessary to fully understand the relationship between various factors of perfectionism and procrastination.

Another notable characteristic of underachieving students is a lack of educational risk-taking. Again, a fear of failure may be at the heart of this lack of risk-taking (Davis & Rimm, 2004; Enns & Cox, 2002; Schuler, 2000). As Rimm (2007) concluded, students feel the need to

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consistently turn in their best work are less likely to take risks, knowing the results are less likely to be perfect. Teachers agree that a lack of academic risk-taking is a problem; they use terms such as afraid and anxious to explain their perfectionistic students, noting that they are less likely to take risks than other students (Ng, 2010). Similarly, in his doctoral dissertation, Pirmohammadi (2016) interviewed teachers regarding their views of the ways perfectionism impacted their students. Each of them agreed that fear of failure was “the major inhibiting factor of critical thinking, risk-taking and creativity” (p. 39). This is problematic when one considers that these skills are helpful, if not essential, for meaningful and fulfilling learning. The link between perfectionism and a lack of risk-taking are especially concerning as the relationship tends to persist beyond the secondary education environment. Approximately 50% of underachievers report that they intentionally select college courses which will easily boost their GPA (Baslanti, 2008). Perfectionism has also been found to negatively impact innovativeness in the professional environment (Cocco & Quttaiah, 2015). Taken together, these results indicate a need to increase academic risk-taking in order to combat underachievement.

Affective Curriculum

When reflecting on the components involved in comprehensive education, many support the conceptualization of a three-pronged approach, consistent with the Affective-Behavioral-Cognitive-Dynamic (ABCD) model of development (Greenberg & Kusche, 1993; Greenberg, Kusche & Speltz, 1991). This model identifies three basic areas, affective, behavioral, and cognitive, which should be targeted in order to promote appropriate learning and development in all areas (Domitrovich, Cortes, & Greenberg, 2007). Ideally, the three areas should be held in equal esteem and priority. However, educational settings tend to focus primarily on the cognitive domain while addressing behavioral development as needed. The affective domain, which

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focuses on “dispositions, willingness, preferences, and enjoyment” is therefore largely ignored, despite the fact that it has been previously identified as the “gateway to learning” (Pierre & Oughton, 2007, p. 1).

Multiple authors have argued for whole-school implementation of an affective curriculum, as it may help combat behavior which is disruptive to the education process (Hanko, 2003), while simultaneously aiding in the development of a positive self-concept, which is instrumental to student success and well-being. (Johnson, 2001). As previously mentioned, Maslow’s (1970) hierarchy of needs relies heavily on students’ interpersonal exploration in order to attain the highest levels of fulfillment; exploration which can be offered through affective learning. Finally, it is known that emotions can negatively impact the overall academic functioning of students, “if the affective domain is ignored, the cognitive areas are greatly affected. If one feels threatened, sad, stressed, etc. the learning process can break down” (Griffith, Nguyen, & Chowdhury, 2006, p. 2). Many states, including Indiana, have grade-level standards to address the social-emotional domain of student development (Indiana DOE, 2015). Still, schools employing a full affective curriculum are scarce (Griffith, Nguyen, & Chowdhury, 2006). The issue may be that students, parents, and educators do not fully understand the concept of affective learning, described by Best (1998) as “learning which is concerned with the emotions, feelings or passions that motivate, constrain or shape human action” (p. 72). Thus, the affective domain remains unaddressed despite several positive social, emotional, and educational outcomes.

In an attempt to identify literature supporting the use of affective curriculum, Durlak and colleagues (2011), conducted an extensive review of available research on various social-emotional learning (SEL) programs. Their analysis examined 213 universal, school-based SEL

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programs, which included data from over 270,000 students in kindergarten through high school. Their results were largely positive, indicating significant improvement in social and emotional skills, attitudes, and behaviors for students in the interventions compared to control groups (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Behavior changes included an increase in pro-social behaviors with a decrease in negative or problem behaviors. Academic gains were also reported, providing support for the idea that affective education is implicated in cognitive and achievement domains. In terms of maintenance, Durlak and colleagues reported that few studies collected follow-up data but stated that changes were statistically significant-although weaker-for at least six months following the implementation of the intervention. Findings also indicated that classroom teachers were capably and effectively applying these interventions, eliminating the need to call in specialized personnel. This is helpful, as it addresses the barrier of access to emotional services posed by the overwhelming student to counselor ratio of 491:1 (American Counselor Association, 2013). Due to the overwhelmingly positive results, authors of the meta-analysis urged all school personnel to take an active role in implementing SEL interventions as part of standard education practices.

Affective Curriculum to Address Perfectionism

Nehmy and Wade (2015) employed a prevention program aimed at increasing self-compassion while decreasing perfectionism. They utilized a high school sample of 688 female students with a mean age of 14.90. Eight lessons targeted at recognizing and reducing perfectionism and self-judgment were selected and employed, and a control group was utilized to compare outcomes. Interestingly, immediate results were not indicated, but significant group differences were found at a six-month follow-up, showing lower levels of perfectionism, self-criticism, and negative affect for the intervention group. At a twelve-month follow-up the

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difference in perfectionism was still significant while other differences were not. An interesting aspect of the study was the fact that socio-economic data on participants was collected. That data indicated that the sample was of higher socio-economic status than the national average, which may limit the generalizability of the results.

Recognizing a gap in the literature, Fairweather-Schmidt and Wade (2015), sought to address perfectionism in a younger population than was typically explored. They employed a two-lesson intervention on 125 adolescents with a mean age of 11.60. A control group was used to test for differences and measures were readministered at a four-week follow-up. Findings were positive at post-intervention as well as at the follow-up, providing some support for the use of such interventions on a pre-adolescent population. As stated by the authors, a longer intervention, later follow-up, and larger sample size are needed in order to solidify these early results. Additionally, the intervention seemed to be most effective at reducing self-oriented perfectionism-striving, which is thought to be the least harmful aspect of perfectionism. Comparatively, both socially prescribed perfectionism and self-oriented perfectionism-critical, were less responsive to the intervention, indicating a possible need for modification of the curriculum.

In her doctoral dissertation (Mofield, 2008) and resulting publication (Mofield & Chakraborti-Ghosh, 2010), Mofield examined the effects on an affective curriculum on perfectionism using a modified version of the MPS, called the Goals and Work Habits Survey (GWHS; Schuler, 1994). The curriculum was employed on 153 gifted middle school students in grades 6-8; nine lessons were taught over the course of six weeks. Mofield discovered that post-intervention measures revealed significant decreases in mean scores on aspects of concern over mistakes and doubts about actions for her overall sample. However, there were no significant

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between-group differences on the previously mentioned post-test measures. Additionally, Mofield had originally proposed that healthy perfectionism would increase after the intervention, which her findings did not support. In fact, there was a statistically significant decrease in the factor of personal standards-typically associated with healthy perfectionism-following the implementation of the curriculum. However, Mofield reminded readers that the intervention was designed to be developmental and proactive, rather than reactive. Therefore, she believes that long-term follow-ups are necessary in order to accurately measure the treatment's effectiveness.

Available literature illustrates a dearth of available resources to address the social-emotional needs of students. These resources are especially important for vulnerable groups, including gifted students who face unique challenges in their social and emotional development. While previous studies have utilized an affective curriculum to address the needs of this group (Mofield & Chakraborti-Ghosh, 2010; Fairweather-Schmidt and Wade, 2015; Nehmy and Wade, 2015), these studies have not targeted students in the 3rd through 5th grades. Additionally, existing literature does not utilize a mixed sample of gifted and typical learners. As many classrooms currently contain both gifted and typical learners, it is imperative to continue to provide uniform services which will benefit both groups of students. The current study utilizes the sound theoretical framework of Cognitive Behavioral Therapy (CBT) to deliver services to pre-adolescent students, both gifted and typical. Additionally, it seeks to measure anxiety, depression, perfectionism, and life satisfaction, which have not previously been examined in a single study.

CHAPTER III: METHODOLOGY

The current study sought to address perfectionism and associated anxiety and depression in 3rd, 4th, and 5th grade students through the utilization of an affective curriculum, grounded in

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the principles and theory of cognitive behavior therapy (CBT). The study utilized a sample consisting of both gifted and typical students from two different school systems in the state of Indiana. Non-randomized treatment and control groups were formed based purely on class membership. There was one class group of intervention and one class group of control for each of the 3rd and 4th grades. Due to an increase in 5th grade participants, there were two class groups of intervention and two class groups of control for the 5th grade cohort.

Participants

Two local public elementary schools and one local public middle school serving both gifted and typical students were originally selected for the current study. However, due to scheduling and logistic concerns at the time of the study, only one public middle school and one public elementary school completed the study. Selected schools were deemed appropriate due to their high population of identified gifted students, which comprise approximately 34% of the total student population. Students were identified via individual cognitive measures such as the Wechsler Intelligence Scales for Children (WISC), utilizing cut scores as determined by their schools.

Gifted and typical students are educated within the same classroom, providing ideal circumstance to compare effects between the gifted and typical populations. This age group was purposely selected due to the dearth of available research on the impact of affective intervention, despite an observed need. Treatment and control groups were fixed with one intact class in each grade acting as the control while the other intact class will receive the intervention. A total of 132 students completed the study by returning useable responses at each of the four time points. Of these students, 72 received the intervention while 60 acted as the control group; 81 students

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were identified as gifted while 51 were considered gifted. There were 29 participants in 3rd grade, 28 participants in 4th grade, and 75 participants in 5th grade.

Instruments

Child-Adolescent Perfectionism Scale (CAPS)

The CAPS (Flett et al., 1997) is a 22-item self-report measure utilizing a Likert scale. Students were asked questions pertaining to their thoughts and behaviors as well as their views on the expectations other have of them. Questions included items such as *“I try to be perfect in everything I do,” “I feel that I have to do my best all the time,”* and *“my family expect me to be perfect.”* There are three reverse-coded items: *“my parents don’t always expect me to be perfect in everything I do,” “I don’t always try to be the best,”* and *“I do not have to be the best at everything I do.”* Response options are as follows: 1. False, not true at all of me. 2. Mostly false. 3. Neither true nor false. 4. Mostly true. 5. Very true of me.

Originally, the CAPS was considered to have two factors, self-oriented and socially prescribed perfectionism. However, later factor analyses utilizing “more sophisticated statistical techniques” (Flett et al., 2016, p. 639) revealed three factors, rather than two (McCreary, Joiner, Schmidt, & Ialongo, 2004; O'Connor, Fraser, Whyte, MacHale, & Masterton, 2009). The factor of self-oriented perfectionism was split into two factors: self-oriented perfectionism, striving and self-oriented perfectionism, critical. The self-oriented, striving composite is thought to capture traditionally adaptive or healthy traits such as high personal standards whereas the self-oriented, critical composite is thought to be more maladaptive or unhealthy. However, in their review of these studies, Flett and colleagues (2016) cited various problems, including major rewording of items and the alteration of the response scale to a four-option system with unclear wording. Additionally, when O'Connor, Dixon, and Rasmussen (2009) attempted to apply the three-factor

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system to their data, it was a poor fit. This caused them to further alter the scale by removing six items before being able to utilize the three-factor model. Flett and colleagues (2016) advocate strongly for the retention of the original 22-item, two-factor measure, which is what the current study employed.

The CAPS is a well-respected, widely used measure and is one of the few measures of multidimensional perfectionism designed specifically for children and adolescents (Flett et al., 2016). The alpha levels measuring internal consistency of the two-factor model were reported to be .81 for the self-oriented perfectionism factor and .84 for the socially prescribed perfectionism factor (Flett et al., 2016). Test-retest reliabilities are as follows:

1-year test-retest reliabilities were .65 for self-oriented perfectionism and .59 for socially prescribed perfectionism (based on 466 participants at Time 2). The 3-year test-retest reliabilities were .51 for self-oriented perfectionism and .35 for socially prescribed perfectionism (based on 419 participants at Time 4). The 5-year test-retest reliabilities were .40 for self-oriented perfectionism and .36 for socially prescribed perfectionism (based on 405 participants at Time 6). (Flett et al., p. 639)

Authors also noted that test-retest reliabilities at the one-year follow-up were higher for older participants than for participants who were younger.

Revised Children's Anxiety and Depression Scale (RCADS)

The RCADS (Chorpita et al., 2000), is a 47-item self-report measure which assesses the current level of symptomology typically associated with various anxiety disorders as well as depression. The subscales are as follows: separation anxiety disorder (SAD), social phobia (SP), generalized anxiety disorder (GAD), panic disorder (PD), obsessive compulsive disorder (OCD), and major depressive disorder (MDD). For the current study, the MDD scale was analyzed as a

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measure of depression and the GAD scale was used as the measure of anxiety. When completing the RCADS, students read items such as *“I feel sad or empty,” “I worry when I think I have done something poorly,”* and *“When I have a problem, my heart beats really fast”* and were asked to rate how often the items apply to them. The possible responses are as follows: 0. Never, 1. Sometimes, 2. Often, 3. Always.

According to Chorpita and colleagues (2005), the proposed 6-factor model was found to be adequate when tested on 513 participants. Factor loadings ranged from .51 to .79 across the various scales. Internal consistency was favorable, with alphas ranging from .78 to .88 across the scales. Additionally, the RCADS was compared to an established measure of anxiety, the Revised Children’s Manifest Anxiety Scale (RCMAS, Reynolds & Richmond, 1978). Each of the five anxiety scales on the RCADS correlated positively and significantly with the RCMAS. Additionally, an established depression measure, the Children’s Depression Inventory (CDI, Kovacs, 1980), was used for to comparison to the RCADS depression scale (MDD). Once again, the RCADS depression scale was positively and significantly correlated to the CDI. The RCADS also offered an advantage over the RCMAS and the CDI as it showed “greater correspondence to specific diagnostic syndromes” (Chorpita, Moffitt, & Gray, 2005, p. 309). Furthermore, due to the degree to which the items corresponded with specific symptomology, the RCADS was better able to discern emotions such as anger or annoyance from true evidence of depression and anxiety.

Students’ Life Satisfaction Scale (SLSS)

The SLSS (Huebner, 1991), is a 7-item self-report measure which was designed to measure global life satisfaction in students in 3rd-12th grade. Student read items such as *“I wish I had a different life,”* and *“life is going well,”* and will respond using a six-point Likert scale.

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Possible responses are as follows: 1. Strongly Disagree, 2. Moderately Disagree, 3. Mildly Disagree, 4. Mildly Agree, 5. Moderately Agree, 6. Strongly Agree.

Importantly, the SLSS has been found to produce a true measure of life satisfaction, independent of states of positive or negative affect (Huebner, 1991). This is what separates the SLSS from a measure of subjective well-being (SWB), which consists of both life satisfaction and affective states. However, the SLSS has been used many times as one piece of SWB (Suldo & Shaffer, 2008). Due to the independent measures of depression and anxiety employed in the current study, measuring views of well-being independent of fluctuating affective state is desired.

In a review of the SLSS, Gilman and Huebner (1997), reported the available evidence suggests the SLSS demonstrates “good psychometric properties across various settings and age groups” (p. 230), including elementary and secondary school populations. Additionally, Huebner (1995), tested the usefulness of the SLSS on ethnically diverse students by employing a study sample consisting of 120 black children and 496 white children. Findings from this study “failed to demonstrate racial bias with respect to reliability, factorial validity, or criterion-related validity” (p. 315). The sample in this study included students in 3rd-6th grade, adding to the confidence that the SLSS is a sound instrument to measure life satisfaction in students in the current study’s sample.

Affective Curriculum

The affective curriculum employed in the current study is an original work of this author. However, many activities used in the lessons were modified from various sources, including from the doctoral dissertation of Emily Mofield (2008). Despite the fact that the lessons and activities were constructed specifically for the current study, the entire curriculum is grounded in

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the theoretical framework of cognitive behavior therapy (CBT). CBT focuses on the cognition or thoughts of an individual which are maladaptive and may trigger negative affect or behaviors (APA Division 12, 2018). CBT was selected specifically as it allows students to self-reflect and identify their own triggers and the resulting behavior. Additionally, it has been found to be an effective treatment for a variety of mental health disorders, including anxiety and depression (APA Division 12, 2018).

Lesson one focused first on an introduction to group rules and processes to allow students to feel comfortable sharing. After such procedures had been introduced and understood, the content of lesson one focused on accepting mistakes. Students then discussed the way they felt when making previous mistakes. They then watched a short video which documented several important scientific advances and inventions which were produced as the result of mistakes. Following the viewing, students reflected on their own mistakes which turned out positively or even humorously, which multiple students volunteered to share with the class. Students then returned to their seats to draw a picture of these humorous or positive mistakes, illustrating that all individuals make mistakes and they do not need to be a source of shame. This activity was adopted from Galbraith and Delisle (1996), and has been previously used in interventions (Klein, 2004; Mofield, 2008).

Lesson two focused on the anxiety which so often accompanies perfectionism. Students identified what anxiety feels like and how it affects them. After the class discussion, the students used magazines to complete a collage of their “Happy Brain” and their “Anxious Brain,” to get a visual representation of their triggers and coping skills. This activity was taken from a school counseling intervention (Mendoza, 2013). After finishing their collages, students learned to proactively address their anxiety by identifying a situation which made them anxious and making

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lists to determine what they knew about the situation, what they didn't know about the situation, and where they could find information to address the things they didn't know. This was an important component because it gave students steps to address their own anxiety. The inspiration for this activity was taken from previous research, although it has been modified to fit the current study (Mofield, 2008).

The focus of lesson three was on affirmations both towards one's self and others. Self-affirmations are one way to successfully build a positive self-concept, which is integral to an individual's emotional well-being. Students first partially filled a notebook page with self-affirmations. Ideally, these affirmations largely focused on attributes outside of intellectual ability and academic success in keeping with the overarching goal of helping students create an identity outside of these areas. Papers were then redistributed amongst classmates, allowing students to add positive notes to the existing lists of their peers. Self-affirmations have been well established in the literature (Galbraith & Delisle, 1996; Kutlesa, 2002; Strop 2002; Mofield, 2008). However, the component of students adding to their classmates' affirmations was unique to the current project.

In lesson four, the content was focused on active problem solving; adding to the personal power of the students. In this lesson, students learned a simple model of problem solving which was adapted by this author from a pre-existing model (Kapelaris, 2014). This model was constructed to allow creative thinking and multiple "right" answers, allowing students to take risks when deciding on a course of action. The model also specifically asks what resources will be needed to solve the problem including who the students may call on for help, enabling them to identify their available supports. The lesson closed with students working in groups to determine

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multiple possible outcomes to a hypothetical situation. Students then shared their scenario, possible courses of action, and ultimate decisions with the class.

Demographic Information

The only personal demographic information collected during this study was grade level, class assignment, and gifted or typical status. The original plan for the study called for additional demographic, cognitive, and achievement data. However, this was unable to be collected at the time of the study due to FERPA restrictions (discussed in Chapter V).

Procedure

Prior to data collection, the researcher met with a counselor and service coordinator at the selected elementary school to familiarize herself with the procedures and setup of the school. At this time, the control and intervention classes were communicated to the researcher. The selection of these classes was previously established by the elementary school faculty. A review of procedures for obtaining informed consent for the study was also discussed at this time. Similarly, the researcher contacted involved parties at the selected middle school to discuss informed consent procedures. Informed consent for the study was sent home with each student, along with the researcher's contact information to ensure questions, concerns, and further explanation of the study could be addressed as needed. Once informed consent was obtained, the researcher visited the school during regular school hours to collect data.

Before beginning the intervention, all students in both the control and intervention groups were distributed the Child-Adolescent Perfectionism Scale (CAPS), to assess for both self-oriented and socially prescribed perfectionism, the Revised Children's Anxiety and Depression Scale (RCADS), to determine levels of symptomology consistent with depression and anxiety, and the Students' Life Satisfaction Scale (SLSS), to examine current levels of life satisfaction.

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Classroom teachers and the researcher were present to answer any and all questions pertaining to the wording of the questions. As expected, some third graders asked the examiner and/or teacher to read certain words. Commonly requested words or questions were read and explained aloud to ensure understanding. It is also important to note that the process of the study was explained to the students, assent was obtained, and the students were assured that their information would be kept private and not shown to parents or teachers, prior to beginning the lessons and data collection.

Immediately following the pre-test measures, the first lesson of the developed curriculum was taught to the intervention groups. In the control groups, the researcher then began her assigned tasks, per the teachers' request. During the following three weeks, the additional lessons were conducted for the intervention group, and the researcher spent equal time in the control classrooms. Post-tests were distributed following the final lesson or control class visit. Due to the availability of teachers and the researchers, the 4-week and 8-week post-tests were distributed by the classroom teachers, rather than by the researcher, although the researcher was available by phone. The teachers were given clear instructions, including the expectation that forms would be distributed during a specific week (four weeks and eight weeks after the last classroom visit from the researcher.) The forms were then collected by the researcher to be analyzed.

In order to maintain teacher participation, the researcher allowed the classroom teachers to choose what the researcher did during her time in each of the control group classrooms. While not psychometrically ideal, this concession was made in order to cause the least disruption to the natural flow of the classroom. The 3rd grade control group chose to have the researcher read a non-required book aloud to the class. The 4th and 5th grade control groups varied their requested activities between mundane classroom helper tasks and simple observation.

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The intervention was delivered once per week over four consecutive weeks, largely following the same time block and day of the week schedule for each session. One deviation occurred due to a class field trip, during which time intervention groups in the 3rd and 4th grades, and one intervention group in the 5th grade was seen on a different day of the week, occupying the normal time block. Thus, the third lesson was delivered ten days after the second lesson for these students, rather than the normal span of one week.

Research Questions and Analysis Overview

Based on a review of literature at the time of the current study, concerns that perfectionism is often implicated in negative psychological outcomes, such as anxiety and depression were identified. Additionally, there was a need to identify ways of alleviating the harmful outcomes associated with perfectionism. An affective curriculum was identified as a possible solution, based on previous research. Measuring the outcomes associated with the intervention over time was determined in help discern the permanence of intervention effects. As such, the following research questions were developed:

1. Did levels of perfectionism, life satisfaction, anxiety, and depression change at each time point (pre-test, post-test, 4-week follow-up, and 8-week follow-up)?
2. Did reports of perfectionism, life satisfaction, anxiety, and depression, differ based on school, grade level, gifted status, and group membership?
3. Did self-oriented and socially prescribed perfectionism significantly predict anxiety, depression, and life satisfaction?

Descriptive statistics were used to inspect the means and standard deviations of students' scores on the CAPS, RCADS, and SLSS at pre-and post-intervention times. Additionally, descriptives will be used to compare group means and standard deviations for the intervention

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and control groups. Simple correlation tests (Pearson's r) were then used with the p-value for the significance test set at .05 to compare all variables including level of overall perfectionism, level of overall anxiety, level of depression, and level of life satisfaction. In addition to the examination of descriptive statistics, the following analyses were used to address the research questions:

Research Question	Measures Used to Answer Question(s)	Statistical Analysis
1. Did levels of perfectionism, life satisfaction, anxiety, and depression change at each time point (pre-test, post-test, 4-week follow-up, and 8-week follow-up)?	CAPS, RCADS, SLSS	Repeated Measures ANOVA
2. Did reports of perfectionism, life satisfaction, anxiety, and depression, differ based on school, grade level, gifted status, and group membership?	CAPS, RCADS, SLSS	Repeated Measures ANOVA with Post-hoc Bonferroni
3. Did self-oriented and socially prescribed perfectionism significantly predict anxiety, depression, and life satisfaction?	CAPS, RCADS, and SLSS	Multivariate Regression*

*Following significant multivariate regression results, additional regressions were run to further examine the relationship between variables

CHAPTER IV: ANALYSIS

The purposes of this study were (a) to determine the effects of an affective curriculum on perfectionism, anxiety, depression, and life satisfaction among gifted and typical upper-elementary school students, (b) to determine differences in perfectionism, anxiety, depression, and life satisfaction based on gifted status, and (c) to determine if specific subtypes of perfectionism (self-oriented and socially prescribed) differentially impacted anxiety, depression, and life satisfaction. Interactions between treatment group, grade level, and gifted status were also examined regarding differences in levels of perfectionism, anxiety, depression, and life satisfaction. It is important to note that school membership was also examined, but no significant differences were found between the

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schools on any measure of a variable at any time point. The present chapter includes a detailed description of the analyses of data obtained from the CAPS, SLSS, and the RCADS. Specifically, the CAPS measured both self-oriented and socially prescribed perfectionism, which were then calculated separately to obtain scores for each dimension of perfectionism. The entire RCADS, including subscales for Generalized Anxiety Disorder, Depression, Panic Disorder, Social Anxiety Disorder, Separation Anxiety, and Obsessive-Compulsive Disorder was administered. Of these subscales, those measuring Generalized Anxiety Disorder and Depression were summed and analyzed in order to obtain the variables Anxiety and Depression, respectively.

Descriptive Statistics

Descriptive statistics of variables were employed to determine the means and standard deviations of self-oriented perfectionism, socially prescribed perfectionism, life satisfaction, anxiety, and depression among the sample. Raw scores (summed totals of subscores) for the entire sample, across all data collection times (pre-test, post-test, 4-week follow-up, and 8-week follow-up) are indicated in Table 1. Additionally, the means and standard deviations of all variables at all time points, separated by group membership (intervention vs. control) can be found in Table 2. Table 3 shows these descriptive statistics over time, divided independently by grade and gifted status. Finally, the same descriptive statistics, categorized by time-point, group membership, and gifted status interaction, are located in Table 4. In addition, partial correlations of perfectionism, anxiety, depression, and life satisfaction are included in Appendix F.

Table 1: Means and Standard Deviations for all DV's Over Time

N = 132		
	Mean	SD
Scale		
Time		
Self-Oriented Perfectionism		
Pretest	37.49	6.91
Posttest	32.50	7.48

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4-Week Follow-up	30.40	8.11
8-Week Follow-up	29.61	8.60
Average	32.50	
Socially-Oriented Perfectionism		
Pretest	22.23	7.94
Posttest	21.36	7.99
4-Week Follow-up	19.59	7.46
8-Week Follow-up	19.54	7.48
Average	20.68	
Life Satisfaction		
Pretest	31.06	7.39
Posttest	32.06	7.14
4-Week Follow-up	32.91	7.35
8-Week Follow-up	33.02	7.49
Average	32.26	
Generalized Anxiety Disorder		
Pretest	6.42	3.88
Posttest	5.81	4.04
4-Week Follow-up	5.43	4.31
8-Week Follow-up	5.36	4.46
Average	5.76	
Depression		
Pretest	7.52	4.71
Posttest	6.82	4.74
4-Week Follow-up	5.95	4.92
8-Week Follow-up	6.04	5.15
Average	6.58	

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*Table 2: Means and Standard Deviations for all DV's
Time*Condition*

Scale	Intervention Group N = 72		Control N = 60	
	Mean	SD	Mean	SD
Time				
Self-Oriented Perfectionism				
Pretest	37.04	7.16	37.88	6.90
Posttest	31.95	6.61	33.58	8.96
4-Week Follow-up	29.97	8.53	32.05	8.97
8-Week Follow-up	28.82	8.59	32.09	9.71
Average	31.95		33.90	
Socially Prescribed Perfectionism				
Pretest	21.51	7.39	23.19	8.71
Posttest	20.64	7.34	21.90	8.28
4-Week Follow-up	19.27	7.47	20.98	7.80
8-Week Follow-up	19.00	7.02	21.15	7.70
Average	20.11		21.81	
Life Satisfaction				
Pretest	31.33	7.76	30.94	6.66
Posttest	32.37	6.73	31.41	7.67
4-Week Follow-up	32.89	7.34	31.75	7.82
8-Week Follow-up	33.62	7.11	31.71	7.33
Average	32.55		31.45	
Anxiety				
Pretest	5.99	3.80	6.88	4.03
Posttest	5.40	3.86	6.37	4.43
4-Week Follow-up	5.23	4.22	6.05	4.71
8-Week Follow-up	4.07	4.09	5.40	4.58
Average	5.17		6.18	
Depression				
Pretest	7.44	4.71	7.59	4.59
Posttest	6.34	4.49	7.44	5.48
4-Week Follow-up	6.13	4.95	6.27	5.28
8-Week Follow-up	5.71	4.80	6.49	5.57
Average	6.41		6.95	

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*Table 3: Means and Standard Deviations for all DV's
Time*Grade and Time*Gifted*

	3rd Grade		4th Grade		5th Grade		Gifted		Typical	
	N = 29		N = 28		N = 75		N = 81		N = 51	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Self-Oriented Perfectionism										
Pretest	38.38	6.67	35.07	5.51	38.05	7.34	38.22	7.24	36.33	6.26
Post Test	31.00	6.15	29.5	6.16	34.20	7.97	33.86	7.53	30.33	6.93
4-Week Follow-Up	29.41	6.17	26.93	6.79	32.08	8.79	32.04	8.23	27.81	7.26
8-Week Follow-Up	28.83	6.31	25.25	7.00	31.55	9.31	31.35	9.00	26.86	7.17
Average	31.90		29.19		33.97		33.87		30.33	
Socially Prescribed Perfectionism										
Pretest	22.83	8.60	23.00	7.70	21.71	7.83	21.69	7.57	23.08	8.49
Post Test	21.59	9.45	22.18	7.56	20.96	7.60	21.17	8.08	21.65	7.91
4-Week Follow-Up	19.03	7.42	20.75	7.32	19.37	7.58	19.96	7.52	19.00	7.39
8-Week Follow-Up	19.69	6.50	19.00	6.67	19.68	8.17	19.80	7.96	19.12	6.73
Average	20.79		21.23		20.43		20.66		20.71	
Life Satisfaction										
Pretest	27.52	8.78	28.68	7.16	33.32	6.05	32.21	6.97	29.24	7.74
Post Test	28.34	8.25	31.11	6.79	33.85	6.22	33.49	5.93	29.78	8.29
4-Week Follow-Up	29.76	8.63	31.89	6.66	34.51	6.66	34.54	6.34	30.31	8.11
8-Week Follow-Up	30.93	8.28	32.29	7.11	34.11	7.19	34.72	6.21	30.33	8.56
Average	29.14		30.99		33.95		33.74		29.92	
Anxiety										
Pretest	7.93	4.33	5.54	2.70	6.17	3.96	5.91	3.71	7.24	4.06
Post Test	7.97	4.35	5.32	3.46	5.16	3.88	5.16	3.42	6.84	4.73
4-Week Follow-Up	7.24	4.91	4.79	3.29	4.97	4.26	4.75	3.87	6.51	4.77
8-Week Follow-Up	7.34	4.28	4.61	3.92	4.87	4.54	4.42	3.94	6.84	4.85
Average	7.62		5.07		5.29		5.06		6.86	
Depression										
Pretest	9.28	5.75	8.00	4.50	6.65	4.15	6.90	4.26	8.49	5.23
Post Test	9.21	5.09	7.43	4.72	5.67	4.26	6.10	4.14	7.96	5.41
4-Week Follow-Up	8.79	6.03	6.39	4.41	4.68	4.13	5.32	4.44	6.94	5.50
8-Week Follow-Up	9.45	4.98	5.96	5.12	4.75	4.66	4.91	4.52	7.82	5.61

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Average	9.18	6.95	5.44	5.81	7.80
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*Table 4: Means and Standard Deviations for all DV's
Time*Grade*Gifted*

Scale	Grade 3 Gifted N = 15		Grade 3 Typical N = 14		Grade 4 Gifted N = 10		Grade 4 Typical N = 18		Grade 5 Gifted N = 56		Grade 5 Typical N = 19	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Self-Oriented Perfectionism												
Pretest	37.53	7.65	39.29	5.57	36.10	6.17	34.50	5.20	38.79	7.34	35.89	7.11
Posttest	31.53	4.39	30.43	7.75	30.70	8.54	28.83	4.51	35.05	7.80	31.68	8.15
4-Week	28.73	5.76	30.14	6.72	28.90	7.08	24.83	6.57	33.48	8.65	27.95	8.04
8-Week	29.13	7.33	28.50	5.26	28.80	6.75	23.28	6.49	32.39	9.65	29.05	7.95
Average	31.73		32.09		31.13		27.86		34.93		31.14	
Socially Prescribed Perfectionism												
Pretest	20.80	6.91	25.00	9.91	21.60	6.98	23.78	8.16	21.95	7.94	21.00	7.65
Posttest	20.53	10.69	22.71	8.18	21.30	7.92	22.67	7.55	21.32	7.45	19.89	8.15
4-Week	17.20	6.00	21.00	8.47	21.50	6.38	20.33	7.93	20.43	7.98	16.26	5.28
8-Week	17.80	5.56	21.71	7.02	17.60	5.30	19.78	7.34	20.73	8.76	16.58	5.16
Average	19.08		22.61		20.50		21.64		21.11		18.43	
Life Satisfaction												
Pretest	27.27	9.15	27.79	8.71	30.60	7.38	27.61	7.01	33.82	5.53	31.84	7.34
Posttest	31.07	6.88	25.43	8.83	31.30	7.85	31.00	6.37	34.54	5.04	31.84	8.70
4-Week	32.27	7.89	27.07	8.84	31.90	7.45	31.89	6.42	35.63	5.45	31.21	8.72
8-Week	34.07	7.26	27.57	8.22	33.40	7.79	31.67	6.86	35.13	5.66	31.11	10.10
Average	31.17		26.97		31.80		30.54		34.78		31.50	
Generalized Anxiety Disorder												
Pretest	7.20	4.49	8.71	4.18	4.60	2.80	6.05	2.58	5.80	3.57	7.26	4.87
Posttest	7.53	3.07	8.43	5.49	5.20	3.88	5.39	3.33	4.52	3.20	7.05	5.07
4-Week	6.73	4.68	7.79	5.26	4.40	3.13	5.00	3.45	4.29	3.65	7.00	5.30
8-Week	6.73	3.17	8.00	5.26	3.80	4.13	5.05	3.84	3.91	3.93	7.68	5.13
Average	7.05		8.23		4.50		5.37		4.63		7.25	
Depression												
Pretest	7.87	5.11	10.79	6.19	6.80	3.55	8.67	4.91	6.66	4.17	6.63	4.21
Posttest	8.33	4.69	10.14	5.50	6.80	3.91	7.78	5.19	5.38	3.85	6.53	5.32
4-Week	8.13	5.85	9.50	6.35	6.50	3.63	6.33	4.89	4.36	3.79	5.63	5.00
8-Week	8.60	5.05	10.36	4.91	4.50	2.27	6.78	6.08	4.00	4.21	6.95	5.30
Average	8.23		10.20		6.15		7.39		5.10		6.44	

Research Question I

The first question in the present study examined changes in levels of perfectionism, life satisfaction, anxiety, and depression at each time point (pre-test, post-test, 4-week follow-up, and 8-week follow-up). First, a comparison of means and standard deviations (above, Table 1) were examined in order to preemptively identify changes in variables. As seen in Table 1, the levels of all variables did change at all time points in the data collection process. Specifically, both types of perfectionism, anxiety, and depression showed an overall decrease in levels while life satisfaction increased over time. To determine which, if any, of these changes were statistically significant, a Repeated Measures MANOVA was used.

As seen in Table 5, all variables showed a significant change in level over the course of the study. These changes occurred in the entire study sample, regardless of group membership, gifted status, or grade level. Additionally, there was a significant interaction for satisfaction between time points and grades, indicating that the variable of life satisfaction underwent a significant change over time, and also varied based on grade level. As seen in Table 3, the change over time for life satisfaction was greater for both third and fourth grade students than it was for fifth grade students. Specifically, third graders' average rating of life satisfaction was 27.52 at the time of the pretest. Ratings increased at each time point and were 30.93 at the 8-week follow-up. Similarly, fourth graders' ratings of life satisfaction began at 28.68, rose over time, and were 32.29 at the final data collection point. Alternatively, fifth graders' ratings increased from 33.32 to 33.95 over the same time span.

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Additionally, statistically significant results were seen in the reports of depression; it decreased significantly over time and varied based on grade level and gifted status. As seen in Table 4, gifted fifth graders' ratings of depression were 6.66 at the initial timepoint and decreased steadily over time, ending at 4.00 at the final timepoint. Similarly, gifted fourth graders' reports of depression decreased from 6.80 to 4.50, and typical fourth graders reported a decline in depression from 8.67 to 6.78. Typical third graders experienced a lesser decline in depression, with scores dropping from 10.79 to 10.36. Finally, gifted third graders saw a slight increase in symptoms of depression, rising from 7.87 to 8.60. A similar pattern was seen in the typical fifth grade group, with reports increasing from 6.63 to 6.95.

Table 5: Significant Findings from Repeated Measures MANOVA: Within-Subject Contrasts (Linear Model)

Source Measure	df	SS	MS	F	p	η^2
Time						
Self Perfectionism	1	2989.41	2989.41	105.75	.000	.471
Social Perfectionism	1	361.56	361.56	12.91	.000	.084
Satisfaction	1	244.81	244.81	10.90	.001	.084
Anxiety	1	40.35	40.35	5.94	.016	.048
Depression	1	151.06	151.06	19.65	.000	.142
Time*Grade						
Satisfaction	2	152.97	76.48	3.40	.036	.054
Time*Grade*Gifted						
Depression	2	47.41	23.70	3.08	.050	.049

Research Question II

The second research question in the current studied examined if the reports of perfectionism, life satisfaction, anxiety, and depression, differed based on school, grade level, gifted status, and group membership. As previously explained, there were significant differences found in changes in life satisfaction over time based on grade level, as well as significant differences in the change in depression levels, based upon grade and gifted status. As seen in

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Table 6, the overall measure of life satisfaction, anxiety, and depression differed significantly between grades levels. Furthermore, these same variables were differentially impacted based upon gifted status. Specific to anxiety, there was a significant interaction between grade level and treatment condition. A significant interaction between grade level and gifted status could also be seen for social perfectionism.

To check for specific significant differences in variables between grade levels, post-hoc tests were completed. The findings from the Bonferroni analysis of the repeated measures MANOVA are located below in Table 7. As seen in the table, grades four and five differed significantly on socially prescribed perfectionism, with fifth graders reporting higher levels of the construct. Third graders were found to be the most distressed overall, as they reported lower levels of life satisfaction and higher levels of depression and anxiety than did fifth graders. Specific to anxiety, third graders were significantly more anxious than either fourth or fifth graders. Implications of these findings will be discussed in Chapter V.

Table 6: Significant Findings from Repeated Measures MANOVA: Between-Subject Effects

Source Measure	df	SS	MS	F	p	η^2
Grade						
Satisfaction	2	1152.89	576.45	3.74	.027	.059
Anxiety	2	436.39	218.19	4.42	.014	.069
Depression	2	987.33	493.66	6.92	.001	.104
Gifted						
Satisfaction	1	1018.13	1018.13	6.60	.011	.053
Anxiety	1	410.06	410.06	8.306	.005	.065
Depression	1	602.04	602.04	8.43	.004	.066
Grade*Condition						
Anxiety	2	408.46	204.23	4.14	.018	.065
Grade*Gifted						
Social Perfectionism	2	1372.87	686.43	3.96	.022	.062

Table 7: Significant Post-Hoc Findings by Grade (Bonferroni)

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Measure	Mean	Significance
Grades Compared	Difference	
Social Perfectionism		
Grades 4 and 5	-4.78	.003
Satisfaction		
Grades 3 and 5	-4.81	.002
Anxiety		
Grades 3 and 4	2.56	.021
Grades 3 and 5	2.33	.009
Depression		
Grades 3 and 5	3.74	.000

Research Question III

The third question of the study asked if self-oriented and socially prescribed perfectionism significantly predicted anxiety, depression, and life satisfaction. Additionally, the question asked if the two types of perfectionism differed in their predictive power of each of the three variables. The first step in addressing this question was to run a multivariate regression. As shown in Table 8, this analysis revealed differences in the relationships between the two types of perfectionism and the three outcome variables. Due to these significant findings, three separate regressions using each of the two types of perfectionism as predictor variables for anxiety, depression, and life satisfaction were conducted. The results can be seen in Tables 9, 10, and 11, respectively.

Table 8: Perfectionism as a Predictor of Anxiety, Depression, and Life Satisfaction (Multivariate Regression)

	<i>Mean Square</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
TotalSelfPerfectionism				
Life Satisfaction	234.39	.35	.56	.00
Anxiety	1106.59	5.11	.03	.03
Depression	71.06	.25	.62	.00
TotalSocPerfectionism				
Life Satisfaction	9583.99	14.28	.00	.09

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Anxiety	1130.70	5.23	.02	.03
Depression	4385.51	15.21	.00	.09

As seen in Table 9, both self-oriented perfectionism and socially prescribed perfectionism were statistically significant predictors of anxiety. Specifically, increases in self-oriented perfectionism predicted a greater increase in anxiety than did socially prescribed perfectionism. When examining depression and life satisfaction (Table 9 and Table 10), only socially prescribed perfectionism was found to be a significant predictor. Specifically, an increase in socially prescribed perfectionism predicted an increase in depression and a decrease in life satisfaction.

Table 9: Perfectionism as a Predictor of Anxiety (Regression)

	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
(Constant)	-.641	5.779		-.111	.912
TotalSelfPerfectionism	.120	.046	.221	2.597	.010
TotalSocPerfectionism	.108	.049	.189	2.214	.028

Table 10: Perfectionism as a Predictor of Depression (Regression)

	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
(Constant)	4.434	6.665		.665	.507
TotalSelfPerfectionism	.036	.053	.057	.676	.500
TotalSocPerfectionism	.219	.056	.329	3.879	.000

Table 11: Perfectionism as a Predictor of Satisfaction (Regression)

	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
(Constant)	147.670	10.431		14.156	.000
TotalSelfPerfectionism	.050	.085	.052	.591	.555
TotalSocPerfectionism	-.329	.087	-.331	-3.779	.000

Summary

Results indicated that the level of self-oriented perfectionism, socially prescribed perfectionism, anxiety, depression, and life satisfaction changed significantly over time for the entire sample. Overall, there was a significant decrease in self-oriented perfectionism, socially prescribed perfectionism, anxiety, and depression, and an increase in overall life-satisfaction

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from pre-test measures to responses at the 8-week post-intervention follow-up. Furthermore, group differences over time were seen in life satisfaction, dependent upon grade level. Significant differences in depression were also found, depending on grade level and gifted status. No significant results were found related to treatment group membership, meaning the control and intervention groups did not report significantly different ratings of any variable. However, there was a significant interaction between grade level and treatment condition when examining the overall level of anxiety.

In examining the overall level of reported variables, without regards to change over time, life satisfaction, anxiety, and depression differed significantly between both grades level and gifted status. A significant interaction between grade level and gifted status was also found for socially prescribed perfectionism. Specific to grade level, fifth graders reported significantly higher levels of socially prescribed perfectionism than did fourth graders. Additionally, third graders reported significantly lower levels of life satisfaction and higher levels of depression than did fifth graders. Furthermore, third graders endorsed significantly more feelings of anxiety than either fourth or fifth grade students.

The current study found that the two types of perfectionism differentially predicted the level of anxiety, depression, and life satisfaction. While both self-oriented and socially prescribed perfectionism had a significant impact on anxiety, self-oriented perfectionism was the stronger predictor. Alternatively, only socially prescribed perfectionism was found to be a significant predictor of depression and life satisfaction. The relationship between socially prescribed perfectionism and depression was positive, in which an increase in perfectionism predicted a significant increase in depression. Additionally, socially prescribed perfectionism negatively predicted life satisfaction.

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CHAPTER V: DISCUSSION

This chapter is divided into 4 sections: (1) summary of the present investigation; (2) explanation of findings and relation to the literature; (3) limitations of the study; (4) implications for the field and directions for future research.

Summary

The current study sought to address perfectionism and associated anxiety and depression, while increasing life satisfaction, in 3rd, 4th, and 5th grade students. To do so, an affective curriculum, grounded in the principles and theory of cognitive behavior therapy (CBT), was utilized. The researcher spent approximately 45-minutes per week with each class in the intervention group, delivering the affective curriculum lessons on a schedule of one lesson per week for four consecutive weeks. A similar schedule was followed for the control group classes, where the researcher engaged in regular interaction with the students and mundane classroom tasks each week.

Before beginning the intervention, all students were distributed the Child-Adolescent Perfectionism Scale (CAPS), the Revised Children's Anxiety and Depression Scale (RCADS), and the Students' Life Satisfaction Scale (SLSS). Immediately following the pre-test measures, the first lesson of the developed curriculum was taught to the intervention groups. In the control groups, the researcher then began her assigned tasks. During the following three weeks, the additional lessons were conducted for the intervention group, and the researcher spent equal time in the control classrooms. Post-tests were distributed following the final lesson or control class visit. The 4-week and 8-week post-tests were distributed by the classroom teachers during the appropriate time frame. The forms were then collected by the researcher to be analyzed.

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The purpose of the analyses was to objectively measure levels of perfectionism, anxiety, depression, and life satisfaction in the sample. From this information, the researcher sought to provide evidentiary support for the use of targeted affective lessons in order to decrease levels of perfectionism, anxiety, and depression, as well as increase levels of life satisfaction. To do so, the researcher examined the outcome variables for change over time, differences in levels of specific variables based upon group membership, and the predictive power of perfectionism on the remaining variables.

Explanation of Findings

Major Findings

The most notable outcome of the study was an overall lack in differential effects of the affective curriculum on intervention groups compared to the control groups. Rather, both groups showed an overall decline in perfectionism, anxiety, and depression, and an increase in life satisfaction over time. This is especially surprising given that previous research utilizing and affective curriculum to reduce emotional distress have found differential effects between control and treatment groups (Nehmy & Wade, 2015; Fairweather-Schmidt & Wade, 2015). However, there were key differences between the present study and those previously conducted. For example, while Fairweather-Schmidt and Wade (2015) found significant differences between treatment groups, the constructs of socially prescribed and self-oriented-critical perfectionism were resistant to change, while the greatest decrease was seen in the more adaptive form of perfectionism. Additionally, the sample in that study, though largely pre-adolescent, was still older than the current study's sample, making a direct comparison difficult. In Nehmy and Wade's (2015) study, significant results were not found until the twelve-month follow-up. Additionally, current findings echo those of Mofield and Chakraborti-Ghosh (2010), where

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overall decreases in distress were found with no significant difference based upon treatment group.

One possible explanation for the lack of significant findings between treatment groups is the concept of contagion, or communication of the principles, lessons, and activities between intervention and control groups. This was an issue not previously considered, thus no instructions were given to students regarding the sharing of information with their peers. Since classrooms are mixed during reading blocks, recess, lunch, and other school-related activities, there was opportunity for sharing of information regarding the lessons delivered throughout the study.

Another possibility for the lack of differential effects was a lack of regular, consistent reinforcement. In most cases, to enact widespread change, principles and values must be clearly communicated, emphasized, and reinforced throughout the days, weeks, etc. This has been found to be a key component of successful schoolwide intervention targeting such areas as bullying prevention (DeRosier & Marcus, 2005), Positive Behavior Intervention and Supports (George, White, & Schlaffer, 2007), and social-emotional learning initiatives (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). In schools, this is commonly seen in the form of school values, mottos, and goals being highly visible, often displayed in hallways and classrooms. In these instances, teachers are often taught to use language consistent with the school's goals and values and specifically encourage behavior which aligns with these principles. However, there was no teacher training involved in this study, which would have been the appropriate time to encourage teachers to repeat messages from the curriculum throughout the school week, between lessons. This is further discussed in the *Implications* section of this chapter.

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While differential effects were lacking, the sample saw an overall decline in perfectionism, anxiety, and depression, and an increase in life satisfaction. One possible explanation for this finding was simple adjustment to expectations over the course of the academic year. While efforts were taken to minimize this effect (the intervention was conducted weekly, the study was timed to take place well into the semester, etc.), it is possible students simply began to feel better and less pressured as the school year progressed. Additionally, as there is no perfect time to conduct such a study in a school, the timing of the intervention did overlap with Thanksgiving break; students received the pre-test measure before Thanksgiving and received all other measures after the break. In this case, students may have felt refreshed after returning from a short break, leading them to respond more positively on subsequent measures.

Finally, while specific demographics and information pertaining to the home-lives of individuals students were not collected, personnel from each school reported that the average SES of the student body was higher than average. Previous research indicates that the school's overall SES standing has a positive impact on student achievement, regardless of a student's individual income level or background (Perry & McConney, 2010). Additionally, family SES has been positively associated with parental involvement (Fan & Chen, 2001; Reynolds, Ou, & Topitzes, 2004), which has in turn been found to be integral to student success (Henderson & Berla, 1994; Nokali, Bachman, & Votruba-Drzal, 2010). While these studies were largely limited to academic-related achievement, the positive impact of SES on overall adjustment and coping warrants further exploration. If found to be a significant predictor, it is likely that the utilized sample for this study was exceptionally likely to benefit from this relationship, regardless of treatment group.

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While there were not significant overall differences between the treatment groups, there were several significant findings concerning grade level and gifted status. Such findings warrant examination and interpretation as they can add valuable information to the field. Each of these findings is discussed within the framework of the current study's proposed research questions.

Research Question I

As a first step in gauging the change over time in levels of self-oriented perfectionism, socially prescribed perfectionism, life satisfaction, anxiety, and depression, an examination of group means and standard deviations was conducted. This examination showed that, when looking at the entire sample, across treatment groups (intervention and control), gifted status (gifted and typical students), and grade levels (3rd, 4th, and 5th graders), there was an overall decline in both types of perfectionism, anxiety, and depression, with an overall increase in life satisfaction. To determine the statistical significance of these changes, a Repeated Measures MANOVA was employed. Results indicated that the observed changes across all variables was statistically significant, at the .05 level. Additionally, when examining the descriptive statistics for the overall sample, further reductions in perfectionism, anxiety, and depression could be seen at the 4-week and 8-week follow-up sessions, with increases in life satisfaction also being sustained at these times post-intervention. While the maintenance of such a change would generally provide support to the lasting impact of the intervention, this interpretation cannot be supported due to the similar changes in the intervention group, discussed further in later sections of the current chapter.

In addition to the significant change over time seen by the overall sample, the Repeated Measures MANOVA also revealed a statistically significant two-way interaction between time point and grade level. Specifically, the overall life satisfaction increase for 3rd grade was 6.58,

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the 4th grade increase was 6.86, and the 5th grade increase was only .58. While this seems to speak to the fact that an external factor resulted in a greater level of change for 3rd and 4th graders than for 5th graders, it is important to consider ceiling effects. The initial levels of life satisfaction were higher for 5th graders pre-intervention than they were for either 3rd or 4th grade. In fact, at the 8-week follow-up data collection, the life satisfaction levels of 3rd and 4th grade cohorts had not reached the pre-intervention level of the 5th grade cohort. In reviewing the literature involved in the validation and utility of the SLSS as an instrument, no available studies have reported inherent variance across grade levels, and the SLSS is considered to be a sound measure of life satisfaction for students in 3rd-5th grade (Huebner, 1991; Gilman & Huebner, 1997; Huebner, 1995). Thus, measured differences in reports of life satisfaction are likely indicative of true differences between grade level cohorts within the sample.

A second significant interaction was seen in the Repeated Measures MANOVA results. This time, a three-way interaction between time point, grade, and gifted status was observed on the measure of depression. Specifically, the overall decline in depression was seen most in both gifted and typical 4th graders, as well as gifted 5th graders, whereas small, non-significant increases in depression over time were seen for both gifted 3rd graders and typical 5th graders. One possible explanation for these changes is the level of comfort or adaptation to expectations experienced by 4th graders in comparison to their older and younger peers. As discussed later in the chapter, 3rd graders are exposed to high-stakes standardized testing for first time. Additionally, they are now considered part of the upper-elementary school, which comes with increased levels of autonomy as well as an increase in expectations for conduct and academic performance. Conversely, 4th graders have had a year to adjust to these increased demands.

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As 5th graders progress through the academic year, they may naturally experience a decrease in depression as they become more confident in their own competencies, which is particularly salient for gifted students, who have had several years to adapt to the challenging demands of their curriculum. Conversely, typical 5th graders may feel less secure in their own knowledge, particularly if they are held to the same standards as their gifted classmates. Additionally, they may be at a risk for increased levels of depression symptoms as they move towards the end of their time in elementary school and move instead to middle school, which will offer higher levels of academic challenge as well as unfamiliar social situations. Previous research has supported the conceptualization of the transition to middle school as a time of stress and anxiety (Grills-Taquechel, Norton, & Ollendick, 2010), often characterized by questioning of self-worth (Fenzel, 2000) and depressive symptoms (Rudolph, Lambert, Clark, & Kurlakowsky, 2001).

Research Question II

The second research question in the study specifically examined differences in the average levels of perfectionism, life satisfaction, anxiety, and depression of participants based upon various group membership (treatment groups, grade level, and gifted status). The Repeated Measures MANOVA was again used to examine group differences and determine significance. Additionally, in the case of grade level differences, post-hoc findings utilizing the Bonferroni correction were also examined to determine mean difference and significance level of group differences.

Several statistically significant groups differences were found based on grade level. Specifically, averages of life satisfaction, anxiety, and depression were all found to differ between cohorts, with 3rd graders reporting a significantly lower level of life satisfaction than did

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5th graders. While this may be due to differential intervention effects, it is also possible that 3rd graders on average truly experienced a lower level of life satisfaction overall. As previously mentioned, available research considers the SLSS to be invariant between grade levels. Therefore, one should recall that life satisfaction is negatively correlated with anxiety and depression (See appendix J). As discussed below, 3rd graders experienced the highest levels of anxiety of the participating grades. A negative impact on life satisfaction is therefore a logical finding.

As previously stated, significant grade level differences were seen on measures of anxiety. The 3rd grade cohort reported significantly higher levels of anxiety than did either the 4th or 5th grade groups, regardless of gifted status. This is likely due to the same factors used to explain the non-significant increase in depression seen by 3rd graders over time (see Research Question I). As noted above, research on trait anxiety in relation to standardized testing has not been investigated but warrants further exploration. If found to be correlated with anxiety, the introduction of high stakes testing would likely be especially problematic to students who are participating in the assessment for the first time; 3rd grade students.

Additionally, the transitional period of 3rd grade leaves students to navigate newfound autonomy and expectations with the developmental skills of early childhood. In recalling early psychological theories of development, 3rd grade students are in the middle of Erikson's (1958), industry vs. inferiority stage. At this point, individuals are gaining new skills and exploring their competencies, but are especially sensitive to what they are not able to do; often viewing failure at a task to be indicative of personal shortcomings. As such, an increase in anxiety should be considered a logical byproduct of such transitions.

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Additionally, an interaction between grade and condition were seen for anxiety levels. Whereas 3rd graders showed almost no differences in average reports of anxiety, regardless of treatment group, the average anxiety levels of 4th and 5th grade cohorts differed significantly between the control and treatment groups. Interestingly, in the 4th grade cohort, the intervention group reported overall higher levels of anxiety on average than did the control group. Additionally, the decline in anxiety in the 4th grade intervention group was negligible, compared to a much larger decline in anxiety for the control group in the same grade. While this may be partially attributed to the higher initial levels of anxiety in the intervention group, there are any number of personal factors which could also impact this finding including personality and classroom variables.

For the 5th grade cohort, the intervention group had significantly lower average levels of anxiety overall than did the control group. However, the 5th grade control groups began with higher levels of anxiety than did the intervention groups for the same grade. Furthermore, the overall decline in anxiety level was comparable for the two groups, indicating the large difference in average anxiety level was likely attributed to personal and classroom factors, rather than as differential response to the intervention. For example, because the control and intervention groups were separated by classroom teacher, it is possible the teaching or communication style of the control group teachers fostered an environment which led to more anxiety. Previous research has shown that teacher-student relationships in kindergarten continue to impact school adjustment until 4th grade and behavioral adaptation until middle school (Hamre & Pianta, 2001). Thus, the classroom culture and practices of the instructor have a deep and ongoing impact on students, across domains.

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Alternatively, it is possible that the students in the control group were simply more anxious than those assigned to the classroom randomly selected to be the intervention group. Due to a lack of FERPA consent and the narrow scope of the current project, these factors could not be fully explored. However, such factors leading to inherent differences may include variables related to socio-economic status (Muralidharan & Sharma, 1971; Lemstra, Neudorf, D'arcy, Kunst, Warren, & Bennett, 2008), family composition and dynamics (Frey & Oppenheimer, 1990; Johnson, Lavoie, & Mahoney, 2001; Majdandžić, de Vente, Feinberg, Aktar, & Bögels, 2012), and personality (Özdemir & Dalkıran, 2017; Kotov, Gamez, Schmidt, & Watson, 2010; Kotov, Watson, Robies, & Schmidt, 2007).

Average reports of level of depression differed significantly between grade levels as well. When examining post-hoc analyses, findings again suggest that 3rd graders experience the most distress, as their ratings of depression were significantly higher than those reported by the 5th grade cohort. In examining the mean scores, ratings of depression were significantly higher for 3rd graders at each measured time point. Furthermore, although reports of depression in the 3rd grade cohort showed a modest decline from pre-test to the 4-week follow-up measure, by the 8-week follow-up data collection, their ratings had increased to slightly above pre-test levels. These differences were seen by grade level, regardless of gifted status. Likely explanations for 3rd grade ratings were discussed above.

Finally, Bonferroni findings revealed that 5th graders' average reports of self-oriented perfectionism were significantly higher than that of 4th graders. Developmentally, this follows logically as 5th graders at School A were beginning to prepare for middle school, while those at School B were already considered to be in middle school. Thus, 5th graders at each school were consistently confronted with more autonomy, higher academic standards, and the reminder that

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they would be held more accountable for their success. As previously stated, available literature agrees that the transition to middle school can result in increased stress, anxiety, and depression. The current study found that both anxiety and depression were positively correlated with self-oriented perfectionism (*see Appendix J*). The relationships between these variables were also mirrored in research examining the psychometric properties and utility of the CAPS (Flett et al., 2016). Further validating the difference between the two types of perfectionism, no such grade-level differences were found for socially-prescribed perfectionism.

In addition to differential findings based on grade, there were also statistically significant differences in ratings of life satisfaction, anxiety, and depression, based upon gifted status. Specifically, gifted students on average reported higher levels of life satisfaction, lower levels of anxiety, and lower levels of depression than did their typical peers. These differences were seen independently of perfectionism, as there were no statistically significant differences on measures of perfectionism between gifted and typical students.

It is important to note, that while both schools involved in this research project are public institutions, they each had robust gifted programs for the grade levels studied. A much higher percentage of the schools' population was gifted than is average for a public school in the state, and much time, attention, and resources were spent on gifted students' learning and adjustment. Additionally, the high population of gifted students allowed for ability grouping, which previous research has shown positively impacts the self-concept and social-emotional development of gifted students (Neihart, 2007; Vogl & Preckel, 2014). Thus, the gifted students may have therefore responded more positively to measures than they otherwise would have if ability grouping, school resources, etc. were not allocated to meeting their needs.

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Conversely, the heavy emphasis placed on academic excellence, could have led to those students that were not identified as gifted feeling out of place, or as if their school did not cater to their needs in the same way it did for their gifted peers. Rogers (1998), found that ability grouping was beneficial for students of all ability levels. Thus, the fact that such a large percentage of the student body was gifted may have negatively impacted typical students, leading them to respond more negatively on measures of anxiety, depression, and life satisfaction. Virtually no research has focused on the social-emotional functioning of typical and gifted students in a setting similar to that experienced by the current study sample. Thus, this area may warrant further exploration.

Another possible explanation for these findings is the concept of social desirability, or the extent to which individuals will accept and perpetuate positive aspects of self while ignoring negative attributes (Edwards, 1957). It is possible that the typical students responded more honestly, whereas gifted learners felt an internal pressure to answer the questions in a way which would portray them as well-adjusted. If this were the case, the gifted participants may have equated worrying or feeling sad as negatives and an expression of being satisfied or happy with their lives as positive, and thus answered the questions in a way they thought was “right”, in a way they would ideally like to feel, or in a way they thought the researcher wanted. It should be noted that every effort was made to explain to the students that their answers could not be traced back to them by the researcher, school personnel, or their parents. Overall, this would be in keeping with the desire of intellectually gifted individuals to appear competent and meet expectations. However, as there is no existing research examining correlations between gifted students and social desirability, this is an area which may warrant future exploration.

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Finally, there was an interaction between grade level and gifted status in terms of socially prescribed perfectionism. Interestingly, typical fifth graders reported the lowest average levels of this type of perfectionism, followed closely by gifted third graders. Alternatively, typical third graders reported the highest levels of socially oriented perfectionism. As previously stated, the high levels reported by the typical third graders could be explained by the heavy emphasis placed on academic excellence at the specific schools in this study. 3rd grade would be a natural time to begin to notice this emphasis and make social comparisons, as this is also the year in which standardized testing begins in schools. While research on the effects of standardized testing on trait anxiety is lacking, there is some literary support for an increase in state anxiety, specifically test anxiety, as a result of No Child Left Behind (NCLB)-era practices (Segool, Carlson, Goforth, Von Der Embse, & Barterian, 2013).

Research Question III

The final question in the current study examined whether the two types of perfectionism differentially predicted life satisfaction, anxiety, and depression. As a first step to determine if significant differences were present, a multivariate regression was utilized, with socially prescribed and self-oriented perfectionism as predictor or independent variables, and life satisfaction, anxiety, and depression as outcome or dependent variables. As this yielded statistically significant results, three separate regressions were run. During all regressions, total, or overall levels of self-oriented and socially prescribed perfectionism were used to predict the outcome variables.

The first regression, using the two types of perfectionism to predict anxiety, revealed that both self-oriented and socially prescribed perfectionism were statistically significant, positive predictors. This is in keeping with previous literature supporting both types of perfectionism as

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being associated with anxiety (Delegard, 2004; Frost & DiBartolo, 2002). Additionally, in developing and studying the CAPS, Flett and colleagues (2013), found that both types of perfectionism were associated with stress and academic-related worry. While both self-oriented and socially prescribed perfectionism were significant, when examining beta (β) levels, self-oriented perfectionism was shown to be the stronger predictor. This finding is consistent with the practical conceptualization of anxiety. Specifically, the scale used for anxiety in this study targeted symptomology often associated with Generalized Anxiety Disorder, which is characterized by general fear or worry, regardless of outside stimuli (APA, 2013). Therefore, it is logical to conclude that internal cues or pressure would be more likely to be associated with anxiety as it was measured for the present study.

The second and third regression utilized the two types of perfectionism as predictors of depression and life satisfaction, respectively. In each model, only socially prescribed perfectionism was seen to be a significant predictor of the outcome variable. In the case of depression, socially prescribed perfectionism was a moderate ($\beta = .33$), positive predictor. This aligns with previous literature arguing that self-oriented perfectionism can be adaptive, and is associated with striving for goals, while socially prescribed perfectionism is the more negative attribute, associated with unrealistic expectations (Dunkley, Zuroff, & Blankstein, 2003; Luo et al., 2015; Eum & Rice, 2010). In this case, it would make sense that depression would be associated with the type of perfectionism so strongly associated with feelings of failure.

Finally, the socially prescribed perfectionism was the only significant predictor of life satisfaction. In this case, a moderate ($\beta = .33$), negative relationship was found in which the presence of socially prescribed perfectionism negatively impacted reports of life satisfaction. As previously stated, the idea of unrealistic expectations-often related to feelings of failure-are

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typically associated with this type of perfectionism. These findings support previous research on the relationship between socially prescribed perfectionism and depression, as a maladaptive mindset would lead to a decrease in overall life satisfaction. This is especially true when one considers that the SLSS includes a question in which respondents must compare their life to those of other children. When levels of socially prescribed perfectionism are high, it is likely the student is already comparing him or herself to peers.

Limitations

As with all projects, several limitations are present in the current study. The original design called for extensive demographic data, as well as access to GPA information and standardized test scores. Unfortunately, due to a certain level of the schools' discomfort with the process, as well as a lack of standardized, school-approved release forms, data protected under FERPA was not collected and utilized. While the information obtained was sufficient in answering the research questions presented, a secondary goal of the study was to examine the impact of the measured variables and the affective intervention on the construct of underachievement, which is an empirically-supported barrier to success in students with high levels of perfectionism (Rimm, 1997; Adderholdt-Elliott, 1989; Davis & Rimm, 2004; Mofield, Peters, & Chakraborti-Ghosh, 2016). Future studies aimed at the social-emotional health and adjustment of gifted students should explore the domain of underachievement.

Another difficulty related to changes in the research design were the uneven sizes of sample groups between grade cohorts, schools, and-to a lesser extent-gifted status. Specifically, there were originally 3rd, 4th, and 5th, grade groups from each of the two participating schools, with a control class group and an intervention class group in each grade, at each school (two 3rd, 4th, and 5th grade classes from School A; two 3rd, 4th, and 5th grade classes from School B).

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However, due to logistical concerns raised by School B, followed by several barriers to scheduling, only 5th grade students from School B participated in the study. Thus, while the sample of 3rd and 4th grade participants was comparable (3rd grade $n = 29$; 4th grade $n = 28$), there were far more 5th grade participants who completed the study ($n = 75$).

In examining attrition, there were originally forty to fifty participants each in the 3rd and 4th grade cohorts. However, due to absences, incomplete responses, or unscorable surveys (i.e. the student circled more than one response on multiple items), not all participants could be counted in the current analysis. Only one student overtly declined to complete the study, refusing to return rating forms past the pre-test phase. That student still chose to actively participate in the affective lessons each week. One other student was unable to complete the surveys due to cognitive limitations and behavior concerns stemming from a developmental disability.

Regarding gifted status, both School A and School B reported approximately 30-40% of their school population were gifted, 61.4% of the students who provided useable responses at all four data points were gifted. Additionally, at School B, the 5th grade teacher who volunteered to participate taught only gifted students, further increasing the representation of gifted students in the sample. Thus, slightly more than half of the sample was identified as gifted. While this is helpful in comparing gifted students to their typical peers, it is not representative of the schools' overall demographics.

Finally, though the treatment was manualized, it was done so using a teacher-like lesson plan or outline. This was done purposely, in order to allow for flexibility of class discussion and sharing, as well as to make the treatment more user-friendly to future researchers and school personnel. However, a separate fidelity checklist was not used by the researcher, nor was one

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given to the classroom teacher. Thus, fidelity and inter-rater reliability were not measured in the current study. This is further discussed in the *Implications* section below.

Implications for Practice and Future Research

Several implications for both professional practice and future research were indicated in light of the present findings. First, as mentioned previously, one way to improve any curriculum and encourage widespread change is with consistent reinforcement and multi-level involvement. Thus, future research may focus on transitioning the provided lesson to teacher-led activities. This may begin with other professionals within the school (such as counselors and school psychologists) first becoming trained, and then transitioning the knowledge over to teachers with some level of support. In this case, students would view the lesson as another piece of their overall curriculum, rather than an enrichment opportunity from an outside source. Thus, skills taught during these lessons would be engrained in much the same way as facts learned during teacher-led academic lessons.

While many of the available studies on affective curriculum implementation involve the researcher delivering the lessons, Durlak and colleagues (2011) found in their meta-analysis that teachers were capable of effectively delivering such interventions, decreasing the resources needed to enact change. As teachers are already part of the school culture, they are seen as classroom leaders with a vested interest in long-term student success, and their students often want to please them. Additionally, previous studies on school-wide change have emphasized the buy-in and participation of existing school personnel, including teachers, mental health staff, and administrators (Limber, 2004; Smith et al., 2003; Olweus, 1994).

A second benefit of the teacher-led method would be that of continuous reinforcement from a familiar, invested party. Teachers are consistently present to offer encouragement and

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promote utilization of learned skills. For example, when the researcher left the school, she had no way of knowing if a student was still vocally ruminating on mistakes or avoiding academic risks. However, a teacher would be much more likely to see these behaviors and could therefore give a gentle reminder of the previous lessons, thus encouraging the student to reframe the situation. This is an opportunity for practice of newly learned coping skills which the researcher simply cannot provide. Furthermore, the guided practice of these skills in real-life situations would increase the likelihood they would be recalled and utilized independently at later times of distress.

Due to the finding that 3rd graders reported higher levels of anxiety and depression with lower levels of life satisfaction than did their slightly older peers, there is a real possibility we are not targeting interventions for these difficulties at a young enough age. Future research should be focused on analyzing the risk factors for this age group and developing the appropriate services or interventions to assist them. In immediate practice, schools should be aware that 3rd grade students are not too young to experience emotional distress. Thus, school personnel including teachers, counselors, and school psychologists should take time to identify and address concerns of students in this age group.

One specific stressor to 3rd graders is that of standardized testing. In the available sample, two separate, high-stakes standardized tests are administered to 3rd graders across the state. One such test, the Indiana Reading Evaluation and Determination (IREAD-3), must be passed before 3rd grade students can be promoted to the 4th grade. Failure to pass the IREAD-3 after multiple attempts results in mandatory retention, statewide. Additionally, the Indiana Statewide Testing for Educational Progress-Plus (ISTEP+) is taken multiple times per school year and is administered for the first time when students are in the 3rd grade. Thus, 3rd grade students are

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indoctrinated to standardized testing quite suddenly, likely leading to increased feelings of anxiety related to the risk of failure associated with these exams.

As stated, the current study was originally designed to measure underachievement in students by comparing their cognitive assessment and/or standardized test scores to their GPA or another measure of classroom achievement. The idea was to identify to what extent, if any, an ability-achievement gap was present. This data would have been collected at the same time as the surveys distributed. Trends would be examined to determine if an improvement in emotional wellbeing would correlate with a decrease in a measured ability-achievement gap. While this was not possible in the current study due to a lack of FERPA consent forms granting access to such information, this area of research warrants further exploration. Future studies of both gifted and typical students should attempt to address the relationship between emotional wellbeing and optimal academic performance given cognitive potential.

Finally, while this study was specifically designed to transfer easily to a classroom and provide flexibility for instruction, inter-rater reliability and fidelity checks would be beneficial for replication and further development. While less scripted than other areas of study, certain aspect of the classroom intervention can and should be standardized. Specifically, future studies following a similar model should include the teacher and researcher each completing a fidelity checklist to ensure that all steps of the intervention (open discussion, check for understanding, defining of constructs, etc.) were carried out during each session and across each classroom. Such measures would add to the evidence-base of the field, provide objective measures for improvement, and increase the value and utility of replication studies.

School Psychology

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According to the American Psychological Association (APA; 2018), school psychologists are professional, health service psychologists trained to deliver a variety of services, including: providing knowledge on effective instructional practices, applying principles of learning and development, consulting with educators and other school personnel, assessing and meeting the diverse needs of students, and coordination of appropriate “educational, psychological, and behavioral health services” at a systemic level. Additionally, the National Association of School Psychologists (NASP; 2017) states that the main function of school psychologists should include: promoting positive mental health, improving school-wide measurements and accountability, and creating positive school climates. As such, school psychologists are in unique positions to implement change related to the social-emotional functioning of student. Therefore, this profession should take special note of the findings from this and similar studies in order to better serve students, teachers, and schools.

Through consultation with teachers, school psychologists are better able to identify and target students who may be exhibiting traits of perfectionism in their daily classroom behaviors. When such behaviors are brought to the attention of the school psychologist, they are able to advise teachers of simple ways to address such behaviors. For example, a school psychologist is likely to recommend that teachers emphasize effort and completion of work in a timely manner, for a student struggling with perfectionism. In fact, if a high number of students within a class seem to be exhibiting perfectionistic tendencies, the school psychologist may work with the teacher on adjusting language or classroom practices which could be contributing to such behaviors and attitudes.

Because of the high correlation between perfectionism and other negative emotional experiences (depression, anxiety, etc.), students identified as perfectionists may be at an

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increased risk for mental health concerns. Through their careful consultation with teachers and monitoring of students, school psychologists can act in a proactive way to alleviate such concerns. Students who have been identified through the school psychologist-teacher partnership may then be funneled into a small group, or individual services where their school psychologist, school counselor, or other mental health provider within the school may employ a more targeted evidence-based intervention or monitoring system, depending on the individual student's need. This is exceptionally important, as school professionals continue to search for ways to proactively, rather than reactively, meet the needs of their students.

In addition to consultation, school psychologists are called to disseminate knowledge gained from current literature to inform evidence-based practice. As such, they may deem it necessary to conduct teacher and administrator trainings to ensure all levels of school personnel understand the signs of perfectionism, the thought processes and motivation underlying it, and the evidenced link between it and other, negative mental health outcomes. While it is clear that not all cases of perfectionism will contribute to maladaptation, anxiety, or depression, educators should still be aware of the possible implications of such thought patterns and behavior. Additionally, they should be informed as to how to monitor and address such behavior on a school-wide, classroom-wide, and individual student level.

One of the most surprising findings of the current study was the low levels of life satisfaction, and high levels of depression and anxiety among 3rd grade students, when compared to the 4th and 5th grade cohorts. While both literature and the school system recognize the added stress caused by the transition from elementary to middle school, it is likely they do not place the same emphasis on transitions from lower elementary to upper elementary schools. Specifically, the elementary school in this study treats 3rd graders with far greater autonomy than that of 2nd

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graders but does not provide the same preparation for the change as it does for students preparing to move on to the middle school. School psychologists functioning in schools with a similar increase in expectations should take on an advocacy role for students adjusting to such a transition. The involvement and knowledge of school psychologists can result in school-wide change in the way the transition is handled by both teachers and administrators. Additionally, school psychologists are positioned to provide services to students going through stressful situations, including this transition. Armed with this knowledge, they should take special care to monitor and offer assistance to 3rd graders as they adjust to increased demands.

Finally, while research on the topic is mixed and does not directly address the idea of perfectionism, trait anxiety, depression, or overall life satisfaction, it is clear that students overall have a reaction of some sort to high-stakes testing. Additionally, teachers and administrators are under pressure to exhibit competence through such standardized measures. School psychologists may become involved with this issue on multiple levels. First, they may offer services to individual students or even groups of students identified as having anxious or otherwise negative reactions to testing. They may also offer support and consultation to teachers as to the best way to prepare and inform students of the upcoming tests and possible outcomes. Finally, if more conclusive research becomes available which notes harmful impacts of such testing on student well-being, school psychologists are charged with becoming politically active to inform policy changes which would align with the best interests of students in all settings.

References

- Abassi, M., & Darahi, S. (2014). Role of Procrastination , Self-Regulation and Metacognition in Predicting Students ' Academic Motivation. *Bimonthly of Education Strategies in Medical Sciences*, 7(5), 273–278.
- Achtziger, A., & Bayer, U. C. (2013). Self-control mediates the link between perfectionism and stress. *Motivation and Emotion*, 37(3), 413–423. <https://doi.org/10.1007/s11031-012-9321-6>
- Adderholdt-Elliott, M. (1987). *Perfectionism: What's bad about being too good?* Minneapolis, MN: Free Spirit.
- Adderholdt-Elliott, M. (1989). Perfectionism & underachievement. *Gifted Child Today Magazine*, 12(1), 19-21.
- Abassi, M., & Darahi, S. (2014). Role of Procrastination , Self-Regulation and Metacognition in Predicting Students ' Academic Motivation. *Bimonthly of Education Strategies in Medical Sciences*, 7(5), 273–278.
- Achtziger, A., & Bayer, U. C. (2013). Self-control mediates the link between perfectionism and stress. *Motivation and Emotion*, 37(3), 413–423. <https://doi.org/10.1007/s11031-012-9321-6>
- Affrunti, N. W., & Woodruff-Borden, J. (2014). Perfectionism in Pediatric Anxiety and Depressive Disorders. *Clinical Child and Family Psychology Review*, 17(3), 299–317. <https://doi.org/10.1007/s10567-014-0164-4>
- Amend, E. R., & Peters, D. B. (2012). Misdiagnosis and missed diagnosis of gifted children: The importance of accurate assessment. *Handbook for counselors serving students with gifts and talents: Development, relationships, school issues, and counseling needs/interventions*, 585-596.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.
- American Psychological Association (2018). *School Psychology*. Retrieved from <http://www.apa.org/ed/graduate/specialize/school.aspx>
- APA Division 12. (2018). What Is Cognitive Behavioral Therapy? Retrieved from <http://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral.aspx>
- Appleton, P. R, Hall, H. K., & Hill, A. P. (2010). Family patterns of perfectionism: An examination of elite junior athletes and their parents. *Psychology of Sport and Exercise*, 11, 363-371.
- Ashby, J. S., Noble, C. L., & Gnilka, P. B. (2012). Multidimensional Perfectionism, Depression, and Satisfaction With Life: Differences Among Perfectionists and Tests of a Stress-Mediation Model. *Journal of College Counseling*, 15(2), 130-143.
- Asseraf, M., & Vaillancourt, T. (2015). Longitudinal links between perfectionism and depression in children. *Journal of abnormal child psychology*, 43(5), 895-908.
- Baker, J. A. (1996). Everyday stressors of academically gifted adolescents. *Journal of Secondary Gifted Education*, 7(2), 356-368.
- Basirion, Z., Majid, R. A., & Jelas, Z. M. (2014). Big Five personality factors, perceived parenting styles, and perfectionism among academically gifted students. *Asian Social Science*, 10(4), 8–15. <https://doi.org/10.5539/ass.v10n4p8>
- Baslanti, U. (2008). Investigating the Underachievement of University Students in Turkey: Exploring Subscales. *International Journal of Progressive Education*, 4(2), n2.

AFFECTIVE CURRICULUM FOR PERFECTIONISM

- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford
- Best, R. on. (2003). New Bottles for Old Wine ? Affective Education and the “ Citizenship Revolution ” in English Schools, (December).
- Binet, A., & Simon, T. (1908). Le développement de l'intelligence chez les enfants. *LANée Psychologique*, 14, 1-94.
- Blankstein, K. R., & Lumley, C. H. (2008). Multidimensional perfectionism and ruminative brooding in current dysphoria, anxiety, worry, and anger. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 26(3), 168-193.
- Bong, M., Hwang, A., Noh, A., & Kim, S. (2014). Perfectionism and Motivation of Adolescents in Academic Contexts. *Journal of Educational Psychology*, 106(3), 711–729. <https://doi.org/10.1037/a0035836>
- Brook, C. A., & Willoughby, T. (2015). The Social Ties That Bind: Social Anxiety and Academic Achievement Across the University Years. *Journal of Youth and Adolescence*, 44(5), 1139–1152. <https://doi.org/10.1007/s10964-015-0262-8>
- Brown, G.P., & Beck, A.T. (2002). Dysfunctional attitudes, perfectionism, and models of vulnerability to depression. In G.L. Flett & P.L. Hewitt (Eds.), *Perfectionism: Theory, Research, & Treatment* (pp. 231-252). Washington, DC: American Psychological Association
- Brownlow, S., & Reasinger, R. D. (2000). Putting off until tomorrow what is better done today: Academic procrastination as a function of motivation toward college work. *Journal of Social Behavior and Personality*, 15(5), 15.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of personality and social psychology*, 56(2), 267.
- Castro, J., Gila, A., Gual, P., Lahortiga, F., Saura, B., & Toro, J. (2004). Perfectionism dimensions in children and adolescents with anorexia nervosa. *Journal of Adolescent Health*, 35(5), 392-398
- Chan, D. W. (2007). Positive and negative perfectionism among Chinese gifted students in Hong Kong: Their relationships to general self-efficacy and subjective well-being. *Journal of Secondary Gifted Education*, 31, 77-102.
- Chan, D. W. (2009). Dimensionality and typology of perfectionism: The use of the Frost Multidimensional Perfectionism Scale with Chinese gifted students in Hong Kong. *Gifted Child Quarterly*, 53, 174-187.
- Chan, D. W. (2010). Healthy and unhealthy perfectionists among academically gifted Chinese students in Hong Kong: Do different classification systems make a difference? *Roeper Review*, 32, 88-97.
- Chan, D. W. (2012). Life satisfaction, happiness, and the growth mindset of healthy and unhealthy perfectionists among Hong Kong Chinese gifted students. *Roeper Review*, 34, 224-233.
- Chang, E. C., Chang, R., & Sanna, L. J. (2012). A test of the usefulness of perfectionism theory across cultures: Does perfectionism in the US and Japan predict depressive symptoms across time? *Cognitive Therapy and Research*, 36(1), 1–14. <https://doi.org/10.1007/s10608-011-9376-9>

- Chorpita, B. F., Moffitt, C. E., & Gray, J. (2005). Psychometric properties of the Revised Child Anxiety and Depression Scale in a clinical sample. *Behaviour research and therapy*, 43(3), 309-322.
- Chorpita, B. F., Yim, L., Moffitt, C., Umemoto, L. A., & Francis, S. E. (2000). Assessment of symptoms of DSM-IV anxiety and depression in children: A revised child anxiety and depression scale. *Behaviour research and therapy*, 38(8), 835-855
- Clark, S., & Coker, S. (2009). Perfectionism, self-criticism and maternal criticism: A study of mothers and their children. *Personality and Individual Differences*, 47, 321-325.
- Cocco, J., & Quttainah, M. (2015). Creativity Versus Innovativeness: Exploring the Differences between the Two Constructs May Lead to Greater Innovation in Large Firms. *International Journal of Business and Management*, 10(11), 83–93.
<https://doi.org/10.5539/ijbm.v10n11p83>
- Cohen, L.M., & Frydenberg, E. (1996). *Coping for capable kids: Strategies for parents, teachers, and students*. Waco, TX: Prufrock Press.
- Cook, L. C., & Kearney, C. A. (2009). Parent and youth perfectionism and internalizing psychopathology. *Personality and Individual Differences*, 46, 325-330.
- Cook, L. C., & Kearney, C. A. (2014). Parent perfectionism and psychopathology symptoms and child perfectionism. *Personality and Individual Differences*, 70, 1-6.
- Cox, S. L., & Chen, J. (2015). Perfectionism: A contributor to social anxiety and its cognitive processes. *Australian Journal of Psychology*, 67(4), 231–240.
<https://doi.org/10.1111/ajpy.12079>
- Cross, J. R., & Cross, T. L. (2015). Clinical and mental health issues in counseling the gifted individual. *Journal of Counseling and Development*, 93(2), 163–172.
<https://doi.org/10.1002/j.1556-6676.2015.00192.x>
- Cross, T. L., Speirs Neumeister, K. L., & Cassady, J. C. (2007). Psychological types of academically gifted adolescents. *Gifted Child Quarterly*, 51(3), 285-294.
- Cruce, S. E., Pashak, T. J., Handal, P. J., Munz, D. C., & Gfeller, J. D. (2012). Conscientious Perfectionism, Self-Evaluative Perfectionism, and the Five-Factor Model of personality traits. *Personality and Individual Differences*, 53(3), 268–273.
<https://doi.org/10.1016/j.paid.2012.03.013>
- Dabrowski, K. (1967). *Personality shaping through positive disintegration*. Boston: Little, Brown.
- Damian, L. E., Stoeber, J., Negru, O., & Băban, A. (2013). On the development of perfectionism in adolescence: Perceived parental expectations predict longitudinal increases in socially prescribed perfectionism. *Personality and Individual Differences*, 55, 688-693.
- Dardis, T. (1989). *The thirsty muse: Alcohol and the American writer*. New York, NY: Houghton Mifflin
- Davis, G.A. & Rimm, S.B. (2004). *Education of the gifted and talented* (5th ed.). Needham Heights, MA: Allyn & Bacon
- Delegard, D.K. (2004). *The role of perfectionism in anxiety, depression, self-esteem, and internalized shame*. Unpublished doctoral dissertation. Marquette University.
- DeRosier, M. E., & Marcus, S. R. (2005). Building friendships and combating bullying: Effectiveness of SS GRIN at one-year follow-up. *Journal of Clinical Child and Adolescent*

- Psychology*, 34(1), 140-150.
- Dickson, J. M., & Moberly, N. J. (2013). Goal internalization and outcome expectancy in adolescent anxiety. *Journal of Abnormal Child Psychology*, 41(3), 389–397.
<https://doi.org/10.1007/s10802-012-9685-9>
- Domitrovich, C. E., Cortes, R. C., & Greenberg, M. T. (2007). Improving young children's social and emotional competence: A randomized trial of the preschool "PATHS" curriculum. *Journal of Primary Prevention*, 28(2), 67–91. <https://doi.org/10.1007/s10935-007-0081-0>
- Dunkley, D. M., Mandel, T., & Ma, D. (2014). Perfectionism, neuroticism, and daily stress reactivity and coping effectiveness 6 months and 3 years later. *Journal of Counseling Psychology*, 61(4), 616–633. <https://doi.org/10.1037/cou0000036>
- Dunkley, D. M., Zuroff, D. C., & Blankstein, K. R. (2003). Self-critical perfectionism and daily affect: dispositional and situational influences on stress and coping. *Journal of personality and social psychology*, 84(1), 234.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. *Child Development*, 82(1), 405–432.
<https://doi.org/10.1111/j.1467-8624.2010.01564.x>
- El Nokali, N. E., Bachman, H. J., & Votruba-Drzal, E. (2010). Parent involvement and children's academic and social development in elementary school. *Child development*, 81(3), 988-1005.
- Enns, M. W., & Cox, B. J. (2002). The nature and assessment of perfectionism: A critical analysis. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism* (pp. 33-62). Washington, DC: American Psychological Association
- Erozkan, A. (2016). Understanding the Role of Dimensions of Perfectionism on Anxiety Sensitivity. *Universal Journal of Educational Research*, 4(7), 1652–1659.
<https://doi.org/10.13189/ujer.2016.040717>
- Erozkan, A., Karakas, Y., Ata, S., & Ayberk, A. (2011). The Relationship between Perfectionism and Depression in Turkish High School Students. *Social Behavior and Personality*, 39(4), 451–464. <https://doi.org/10.2224/sbp.2011.39.4.451>
- Eum, K., & Rice, K. G. (2011). Test anxiety, perfectionism, goal orientation, and academic performance. *Anxiety, Stress & Coping*, 24(2), 167–178.
<https://doi.org/10.1080/10615806.2010.488723>
- Fairweather-Schmidt, A. K., & Wade, T. D. (2015). Piloting a perfectionism intervention for pre-adolescent children. *Behaviour Research and Therapy*, 73, 67–73.
<https://doi.org/10.1016/j.brat.2015.07.004>
- Fan, X., & Chen, M. (2001). Parental involvement and students' academic achievement: A meta-analysis. *Educational psychology review*, 13(1), 1-22.
- Fenzel, L. M. (2000). Prospective study of changes in global self-worth and strain during the

- transition to middle school. *The Journal of Early Adolescence*, 20(1), 93-116.
- Flett, G. L., Blankstein, K. R., Hewitt, P. L., & Koledin, S. (1992). Components of perfectionism and procrastination in college students. *Social Behavior and Personality: an international journal*, 20(2), 85-94.
- Flett, G. L., Coulter, L. M., Hewitt, P. L., & Nepon, T. (2011). Perfectionism, rumination, worry, and depressive symptoms in early adolescents. *Canadian Journal of School Psychology*, 26(3), 159-176.
- Flett, G. L., Goldstein, A. L., Hewitt, P. L., & Wekerle, C. (2012). Predictors of deliberate self-harm behavior among emerging adolescents: An initial test of a self-punitiveness model. *Current psychology*, 31(1), 49-64.
- Flett, G. L., Hewitt, P. L., Besser, A., Su, C., Vaillancourt, T., Boucher, D., ... & Gale, O. (2016). The Child–Adolescent Perfectionism Scale: Development, psychometric properties, and associations with stress, distress, and psychiatric symptoms. *Journal of Psychoeducational Assessment*, 34(7), 634-652
- Flett, G. L., & Hewitt, P. L. (2014). A proposed framework for preventing perfectionism and promoting resilience and mental health among vulnerable children and adolescents. *Psychology in the Schools*, 51(9), 899-912.
- Flett, G. L., Hewitt, P. L., Oliver, J. M., & Macdonald, S. (2002). Perfectionism in children and their parents: A developmental analysis. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 89-132). Washington, DC: American Psychological Association.
- Flett, G. L., & Hewitt, P. L. (2006). Positive versus negative perfectionism in psychopathology: A comment on Slade and Owens's dual process model. *Behavior modification*, 30(4), 472-495.
- Flett, G. L., Hewitt, P. L., Besser, A., Su, C., Vaillancourt, T., Boucher, D., ... Gale, O. (2016). The Child–Adolescent Perfectionism Scale. *Journal of Psychoeducational Assessment*, 34(7), 634–652. <https://doi.org/10.1177/0734282916651381>
- Frey, J., & Oppenheimer, K. (1990). Family dynamics and anxiety disorders: A clinical investigation. *Family Systems Medicine*, 8(1), 28.
- Fong, R. W., & Yuen, M. (2014). Perfectionism and Chinese gifted learners. *Roeper Review*, 36, 81-91
- Fornia, Gwen L and Frame, M. W. (2001). The Social and Emotional Needs of Gifted Children : Implications for Family Counseling. *The Family Journal: Counseling and Therapy for Couples and Families*, 9(4), 384–390.
- Frost, R.O., DiBartolo, P.M. (2002). Perfectionism, anxiety, and obsessive-compulsive disorder. In G.L. Flett & P.L. Hewitt (Eds.), *Perfectionism: Theory, Research, & Treatment* (pp. 33-57). Washington, DC: American Psychological Association.
- Frost, R. O., Heimberg, R. G., Holt, C. S., Mattia, J. I., & Neubauer, A. L. (1993). A comparison of two measures of perfectionism. *Personality and individual differences*, 14(1), 119-126.
- Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14, 449-468.
- Galbraith, J., & Delisle, J. R. (1996). *The gifted kids' survival guide: A teen handbook*. P. Espeland (Ed.). Free Spirit Pub.
- Garrett, L. (2005). Significant social-emotional influences on the motivation of gifted students: How can teachers foster healthy ‘hearts’ and ‘minds’? *ACE Papers*, 15,

- 36-26.
- George, M. P., White, G. P., & Schlaffer, J. J. (2007). Implementing school-wide behavior change: Lessons from the field. *Psychology in the Schools*, 44(1), 41-51.
- Gilman, R., & Huebner, E. S. (1997). Children's reports of their life satisfaction: Convergence across raters, time and response formats. *School Psychology International*, 18(3), 229-243.
- Gnilka, P. B., Ashby, J. S., & Noble, C. M. (2012). Multidimensional perfectionism and anxiety: Differences among individuals with perfectionism and tests of a coping-mediation model. *Journal of Counseling and Development*, 90(4), 427-436. <https://doi.org/10.1002/j.1556-6676.2012.00054.x>
- Goetz, T., Preckel, F., Zeidner, M., & Schleyer, E. (2008). Big fish in big ponds: A multilevel analysis of test anxiety and achievement in special gifted classes. *Anxiety, Stress, & Coping*, 21(2), 185-198.
- Greenspon, T.S. (2000). 'Healthy perfectionism in an oxymoron!' *Journal of Secondary Gifted Education*, 11(4), 197-109.
- Greenspon, T.S., Parker, W.D., & Schuler, P.A. (2000). The author's dialogue. *Journal of Secondary Gifted Education*, 11(4), 209-215.
- Greenspon, T. S. (2014). Is there an antidote to perfectionism?. *Psychology in the Schools*, 51(9), 986-998.
- Griffith, K. G., Nguyen, A. D., & Chowdhury, B. M. S. (2006). Are Educators Prepared to Affect the Affective Domain? *National Forum of Teacher Education Journal*, 16(3), 1-4.
- Grills-Tauchel, A. E., Norton, P., & Ollendick, T. H. (2010). A longitudinal examination of factors predicting anxiety during the transition to middle school. *Anxiety, Stress, & Coping*, 23(5), 493-513.
- Gross, M. U. M. (2004). Exceptionally gifted children. New York, NY: RoutledgeFalmer
- Guignard, J. H., Jacquet, A. Y., & Lubart, T. I. (2012). Perfectionism and anxiety: A paradox in intellectual giftedness? *PLoS ONE*, 7(7). <https://doi.org/10.1371/journal.pone.0041043>
- Hamamura, T., & Laird, P. G. (2014). The effect of perfectionism and acculturative stress on levels of depression experienced by east asian international students. *Journal of Multicultural Counseling and Development*, 42(4), 205-217. <https://doi.org/10.1002/j.2161-1912.2014.00055.x>
- Handley, A. K., Egan, S. J., Kane, R. T., & Rees, C. S. (2014). The relationships between perfectionism, pathological worry and generalised anxiety disorder. *BMC Psychiatry*, 14, 98. <https://doi.org/10.1186/1471-244X-14-98>
- Hanko, G. (2003). Towards an Inclusive School Culture--But What Happened to Elton's "Affective Curriculum"? *British Journal of Special Education*, 30(3), 125-131. <https://doi.org/10.1111/1467-8527.00297>
- Hansen, J. B., & Toso, S. J. (2007). Gifted dropouts: Personality, family, social, and school factors. *Gifted Child Today*, 30(4), 30-41.
- Harrison, G. E., & Van Haneghan, J. P. (2011). The gifted and the shadow of the night: Dabrowski's overexcitabilities and their correlation to insomnia, death anxiety, and fear of the unknown. *Journal for the Education of the Gifted*, 34(4), 669-697

AFFECTIVE CURRICULUM FOR PERFECTIONISM

- Harter, S., & Whitesell, N. R. (2001). On the importance of importance ratings in understanding adolescents' self-esteem: Beyond statistical parsimony. *Self perception*, 3-23
- Henderson, A. T., & Berla, N. (1994). *A new generation of evidence: The family is critical to student achievement*.
- Hewitt, P. L., & Flett, G. L. (1990). Perfectionism and depression: A multidimensional analysis. *Journal of Social Behavior and Personality*, 5(5), 423.
- Hewitt, P. L., & Flett, G. L. (1991). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology*, 60, 456-470
- Hong, E., Peng, Y., & O'Neil, H. F. (2014). Activities and Accomplishments in Various Domains: Relationships With Creative Personality and Creative Motivation in Adolescence. *Roeper Review*, 36(2), 92-103. <https://doi.org/10.1080/02783193.2014.884199>
- Huebner, E. S. (1991). Further validation of the Students' Life Satisfaction Scale: The independence of satisfaction and affect ratings. *Journal of Psychoeducational Assessment*, 9(4), 363-368.
- Huebner, E. S. (1995). The Students' Life Satisfaction Scale: An assessment of psychometric properties with black and white elementary school students. *Social Indicators Research*, 34(3), 315-323.
- Huggins, L., Davis, M. C., Rooney, R., & Kane, R. (2008). Socially prescribed and self-oriented perfectionism as predictors of depressive diagnosis in preadolescents. *Australian Journal of Guidance and Counselling*, 18(02), 182-194
- Indiana DOE. (2015). Indiana School Counseling Competencies for Students. Retrieved from <https://www.doe.in.gov/standards/counseling>
- Jackson, S. M., & Peterson, J. S. (2003). Depressive disorder in highly gifted adolescents. *Journal of Secondary Gifted Education*, 14, 175-186.
- Johnson, A. (2001). Integrating an Affective Component in the Curriculum for Gifted and Talented Students . INTEGRATING AN Affective Component IN THE CURRICULUM
- Johnson, H. D., Lavoie, J. C., & Mahoney, M. (2001). Interparental conflict and family cohesion: Predictors of loneliness, social anxiety, and social avoidance in late adolescence. *Journal of Adolescent Research*, 16(3), 304-318.
- Kanevsky, L., & Keighley, T. (2003). To produce or not to produce? Understanding boredom and the honor in underachievement. *Roeper Review*, 26, 20-28. doi:10.1080/02783190309554235
- Kapellaris, J. (2014). Retrieved April 15, 2017 from <http://johnkapellaris.com/blog>
- Kerr, B. (1991). A handbook for counseling the gifted and talented. Alexandria, VA: American Association for Counseling and Development.
- Kerr, B.A. (1985). Smart girls, gifted women. Dayton, OH: Ohio Psychology Press.
- Klein, S. (2004). Reaching new heights: A primary prevention program for gifted middle school students (Unpublished doctoral dissertation). Bowling Green State University, Ohio
- Kotov, R., Gamez, W., Schmidt, F., & Watson, D. (2010). Linking "big" personality traits to anxiety, depressive, and substance use disorders: a meta-analysis. *Psychological bulletin*, 136(5), 768.

- Kotov, R., Watson, D., Robles, J. P., & Schmidt, N. B. (2007). Personality traits and anxiety symptoms: The multilevel trait predictor model. *Behaviour research and therapy*, 45(7), 1485-1503.
- Kovacs, M. (1980/1981). Rating scales to assess depression in school-aged children. *Ada Paedopsychiatry*, 46, 305- 315.
- Kurt, L. J., & Chenault, K. H. (2015). Gifted and At Risk : a Cross-District Comparison of Gifted Student Growth and Solutions for Urban Schools, 1–12.
- Kutlesa, N. (2002). *A group intervention with university students who experience difficulties with perfectionism*. Unpublished doctoral dissertation. University of Calgary (Canada).
- Laurin, J. C., Joussemet, M., Tremblay, R. E., & Boivin, M. (2015). Early Forms of Controlling Parenting and the Development of Childhood Anxiety. *Journal of Child and Family Studies*, 24(11), 3279–3292. <https://doi.org/10.1007/s10826-015-0131-9>
- Lazarus, R. S. (2000). Toward better research on stress and coping. *American Psychologist*, 55, 665-673.<http://dx.doi.org/10.1037/0003-066X.55.6.665>
- Lee, S.-Y., & Olszewski-Kubilius, P. (2006). The emotional intelligence, moral judgment, and leadership of academically gifted adolescents. *Journal for the Education of the Gifted*, 30(1), 29–67. <https://doi.org/10.1177/016235320603000103>
- Lemstra, M., Neudorf, C., D'arcy, C., Kunst, A., Warren, L. M., & Bennett, N. R. (2008). A systematic review of depressed mood and anxiety by SES in youth aged 10-15 years. *Canadian Journal of Public Health/Revue Canadienne de Sante'e Publique*, 125-129.
- LoCicero, K. A., & Ashby, J. S. (2000). Multidimensional perfectionism in middle school age gifted students: A comparison to peers from the general cohort. *Roeper Review*, 22, 182-185.
- Lovecky, D. V. (1992). Exploring social and emotional aspects of giftedness in children. *Roeper Review*, 15(1), 18-25.
- Luo, Y., Wang, Z., Zhang, H., Chen, A., & Quan, S. (2016). The effect of perfectionism on school burnout among adolescence: The mediator of self-esteem and coping style. *Personality and Individual Differences*, 88, 202–208. <https://doi.org/10.1016/j.paid.2015.08.056>
- Majdandžić, M., de Vente, W., Feinberg, M. E., Aktar, E., & Bögels, S. M. (2012). Bidirectional associations between coparenting relations and family member anxiety: A review and conceptual model. *Clinical child and family psychology review*, 15(1), 28-42.
- Margot, K. C., & Rinn, A. N. (2016). Perfectionism in gifted adolescents: A replication and extension. *Journal of Advanced Academics*, 27, 190-209.
- Marland, S. P. (1972). Education of the gifted and talented (Report to the Subcommittee on Education, Committee on Labor and Public Welfare, US Senate). Washington, DC.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological review*, 50(4), 370.
- Mathew, M., Sudhir, P. M., & Mariamma, P. (2014). Perfectionism, Interpersonal Sensitivity, Dysfunctional Beliefs, and Automatic Thoughts. *International Journal of Mental Health*, 43(1), 50–72. <https://doi.org/10.2753/IMH0020-7411430103>
- McCreary, B. T., Joiner, T. E., Schmidt, N. B., & Ialongo, N. S. (2004). The structure and

AFFECTIVE CURRICULUM FOR PERFECTIONISM

- correlates of perfectionism in African American children. *Journal of Clinical Child and Adolescent Psychology*, 33(2), 313-324
- Mendoza, L. P. (2013). Activities for Anxious Kids. Retrieved April 14, 2017, from <http://www.schoolcounselingfiles.com/activities-for-anxious-kids.html>
- Mofield, E. L. (2008). Copyright 2008 by Mofield, Emily Lynne All rights reserved, (August).
- Mofield, E. L., & Chakraborti-Ghosh, S. (2010). Addressing Multidimensional Perfectionism in Gifted Adolescents With Affective Curriculum. *Journal for the Education of the Gifted*, 33(4), 479–513,628,630. <https://doi.org/10.1177/016235321003300403>
- Mofield, E. L., & Peters, M. P. (2015). The Relationship Between Perfectionism and Overexcitabilities in Gifted Adolescents. *Journal for the Education of the Gifted*, 38(4), 405–427. <https://doi.org/http://dx.doi.org/10.1177/0162353215607324>
- Mohammed, A. A., Sherit, A. M. A., Eissa, M. A., & Mostafa, A. A. (2013). Academic Procrastination among College Students with Learning Disabilities: The Role of Positive and Negative Self-Oriented Perfectionism in Terms of Gender, Specialty and Grade. *Online Submission*, 2(1), 3-14
- Moon, T.R. (2006). Teaching to the test and gifted learners. *Connections*, 6(3). Retrieved February 14, 2017 from http://www.dukegiftedletter.com/articles/vol6no3_connex.html
- Muralidharan, R., & Sharma, A. (1971). Manifest anxiety in Indian (Delhi) children. *Indian Educational Review*.
- Myers, I. B., & McCauley, M. H. (1985). A guide to the development of the Myers-Briggs type indicator.
- National Association for Gifted Children (2005). Position paper: Addressing affective needs of gifted children. Retrieved February 17, 2017 from <http://www.nagc.org/sites/default/files/Position%20Statement/Affective%20Needs%20Position%20Statement.pdf>
- National Association for Gifted Children (2008). Facts and questions. Retrieved January 27, 2017, from <http://www.nagc.org/index2.aspx?id=548>
- National Association of School Psychologists (2017). *Who are school psychologists*. Retrieved from <https://www.nasponline.org/about-school-psychology/who-are-school-psychologists>
- Nehmy, T. J., & Wade, T. D. (2015). Reducing the onset of negative affect in adolescents: Evaluation of a perfectionism program in a universal prevention setting. *Behaviour Research and Therapy*. <https://doi.org/10.1016/j.brat.2015.02.007>
- Neihart, M. (2007). The socioaffective impact of acceleration and ability grouping: Recommendations for best practice. *Gifted Child Quarterly*, 51(4), 330-341.
- Neihart, M. (2012). Anxiety, depression, and resilience. In T. L. Cross & J. R. Cross (Eds.), *Handbook for counselors serving students with gifts and talents* (pp. 615–630). Waco, TX: Prufrock Press
- Neihart, M., Reis, S. M., Robinson, N., & Moon, S. (2002). *The social and emotional development of gifted children: What do we know?*. Sourcebooks, Inc..
- Ng, M. K. J. (2010). *Exploring teachers' perceptions of perfectionism and giftedness* (Doctoral dissertation, University of British Columbia)
- Noble, C. L., Ashby, J. S., & Gniska, P. B. (2014). Multidimensional perfectionism, coping, and

- depression: Differential prediction of depression symptoms by perfectionism type. *Journal of College Counseling*, 17(1), 80–94. <https://doi.org/10.1002/j.2161-1882.2014.00049.x>
- Nounopoulos, A., Ashby, J. S., & Gilman, R. (2006). Coping resources, perfectionism, and academic performance among adolescents. *Psychology in the Schools*, 43(5), 613–622. <https://doi.org/10.1002/pits.20167>
- O'Connor, R. C., Dixon, D., & Rasmussen, S. (2009). The structure and temporal stability of the child and adolescent perfectionism scale. *Psychological Assessment*, 21, 437-443
- O'Connor, R. C., Fraser, L., Whyte, M. C., MacHale, S., & Masterton, G. (2009). Self-regulation of unattainable goals in suicide attempters: The relationship between goal disengagement, goal reengagement and suicidal ideation. *Behaviour research and therapy*, 47(2), 164-169.
- O'Connor, R., & O'connor, D. B. (2003). Predicting hopelessness and psychological distress: The role of perfectionism and coping. *Journal of counseling psychology*, 50(3), 362-372.
- Onwuegbuzie, A. J. (2000). Academic procrastinators and perfectionistic tendencies among graduate students. *Journal of Social Behavior & Personality*
- Olweus, D. (1994). Bullying at school: basic facts and effects of a school based intervention program. *Journal of child psychology and psychiatry*, 35(7), 1171-1190.
- Özdemir, G., & Dalkıran, E. (2017). Identification of the Predictive Power of Five Factor Personality Traits for Individual Instrument Performance Anxiety. *Journal of Education and Training Studies*, 5(9), 109-114.
- Parker, W. D. (1997). An empirical typology of perfectionism in academically talented children. *American Educational Research Journal*, 34, 545-562.
- Parker, W. D. (2002). Perfectionism and adjustment in gifted children. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 133-148). Washington, DC: American Psychological Association.
- Parker, W. D., & Mills, C. J. (1996). The incidence of perfectionism in gifted students. *Gifted Child Quarterly*, 40, 194-199.
- Parker, W. D., Portesová, S., & Stumpf, H. (2001). Perfectionism in the mathematically gifted and typical Czech students. *Journal for the Education of the Gifted*, 25, 138-152.
- Perry, L. B., & McConney, A. (2010). Does the SES of the school matter? An examination of socioeconomic status and student achievement using PISA 2003. *Teachers College Record*, 112(4), 1137-1162.
- Peterson, J.S. (2003). An argument for proactive attention to affective concerns in gifted adolescents. *Journal of Secondary Gifted Education*, 14(2), 62-70.
- Peterson, J. S. (2016). Giftedness: Asset and Vulnerability. *Encyclopedia of Adolescence*, 1-15.
- Peterson, J., Duncan, N., & Canady, K. (2009). A longitudinal study of negative life events, stress, and school experiences of gifted youth. *Gifted Child Quarterly*, 53(1), 34-49.
- Pfeiffer, S. I., & Stocking, V. B. (2000). Vulnerabilities of academically gifted students. *Special Services in the Schools*, 16(1-2), 83-93.
- Piechowski, M. M. (1997). Emotional giftedness: The measure of intrapersonal intelligence. *Handbook of gifted education*, 2, 366-381.
- Pierre, E., & Oughton, J. (2007). The Affective Domain: Undiscovered Country. *College Quarterly*, 10(4), 1–7. Retrieved from <http://www.eric.ed.gov/ERICWebPortal/detail?accno=EJ813766%5Cnhttp://www.eric.ed.g>

ov/PDFS/EJ813766.pdf

- Pirmohammadi, M. (2016). *Exploring Teachers ' Perceptions of the Effects of Perfectionism on Mental Health and Academic Performance of Ontario Secondary School Students By Mariam Pirmohammadi A research paper submitted in conformity with the requirements For the degree of Master.*
- Portesová, S., & Urbánek, T. (2013). Typology of perfectionism in a group of mathematically gifted Czech adolescents over one decade. *The Journal of Early Adolescence*, 33, 1116-1144
- Randles, D., Flett, G. L., Nash, K. A., McGregor, I. D., & Hewitt, P. L. (2010). Dimensions of perfectionism, behavioral inhibition, and rumination. *Personality and Individual Differences*, 49(2), 83-87
- Reynolds, A. J., Ou, S. R., & Topitzes, J. W. (2004). Paths of effects of early childhood intervention on educational attainment and delinquency: A confirmatory analysis of the Chicago Child-Parent Centers. *Child development*, 75(5), 1299-1328.
- Reynolds, C. R., & Richmond, B. O. (1978). What I think and feel: A revised measure of children's manifest anxiety. *Journal of abnormal child psychology*, 6(2), 271-280
- Rice, K. G., Richardson, C. M., & Clark, D. (2012). Perfectionism, procrastination, and psychological distress. *Journal of Counseling Psychology*, 59(2), 288
- Rimm, S. B. (1997). An underachievement epidemic. *Educational Leadership*, 54(7), 18-22
- Rimm, S. (2007). What's wrong with perfect? Clinical perspectives on perfectionism and underachievement. *Gifted Education International*, 23(3), 246-253
- Ritchotte, J. A., Suhr, D., Alfurayh, N. F., & Graefe, A. K. (2016). An Exploration of the Psychosocial Characteristics of High Achieving Students and Identified Gifted Students: Implications for Practice. *Journal of Advanced Academics*, 27(1), 23-38
- Roberts, S. M., & Lovett, S. B. (1994). Examining the "F" in gifted: Academically gifted adolescents' physiological and affective responses to scholastic failure. *Journal for the Education of the Gifted*, 17(3), 241-259.
- Rogers, K. B. (1998). Using current research to make " good" decisions about grouping. *NASSP Bulletin*, 82(595), 38-46.
- Rudolph, K. D., Lambert, S. F., Clark, A. G., & Kurlakowsky, K. D. (2001). Negotiating the transition to middle school: The role of self-regulatory processes. *Child development*, 72(3), 929-946.
- Ruf, D. L., & Radosevich, D. M. (2009). How Personality and Gender May Relate to Individual Attitudes Toward Caring for and About Others. *Roeper Review*, 31(4), 207–216.
<https://doi.org/10.1080/02783190903177572>
- Sak, U. (2004). A Synthesis of Research on Psychological Types of Gifted Adolescents. *Journal of Secondary Gifted Education*, 15(2), 70–79. <https://doi.org/Article>
- Schuler, P. A. (1994). Goals and work habits survey. *Unpublished instrument. Storrs CT: The University of Connecticut, Storrs, CT*
- Schuler, P. A. (2000). Perfectionism and gifted adolescents. *Prufrock Journal*, 11, 183-196.
- Schuler, P. A. (2002). Perfectionism in gifted children and adolescents. In M. Neihart, S. M. Reis, N. M. Robinson, & S. M. Moon (Eds.), *The social and emotional development of gifted children. What do we know?* (pp. 71-79). Washington, DC: National Association

for Gifted Children

- Segool, N. K., Carlson, J. S., Goforth, A. N., Von Der Embse, N., & Barterian, J. A. (2013). Heightened Test Anxiety Among young Children: Elementary School Students' Anxious Responses to High-Stakes Testing. *Psychology in the Schools*, 50(5), 489-499
- Sękowski, A., & Siekańska, M. (2008). National academic award winners over time: their family situation, education and interpersonal relations. *High Ability Studies*, 19(2), 155–171. <https://doi.org/10.1080/13598130802504270>
- Shafran, R., Cooper, Z., & Fairburn, C. G. (2002). Clinical perfectionism: A cognitive–behavioural analysis. *Behaviour research and therapy*, 40(7), 773-791
- Sheely, A. R. (2007). Birds and bees: Sex and the high-IQ adolescent. *High IQ kids: Collected insights, information and personal stories from the experts*, 300-310.
- Siegle, D., & Schuler, P. A. (2000). Perfectionism differences in middle school students. *Roeper Review*, 23, 39-45.
- Silverman, L. K. (1993). The gifted individual. *Counseling the gifted and talented*, 3-28.
- Slaney, R. B., Mobley, M., Trippi, J., Ashby, J. S., & Johnson, D. G. (1996). *The Almost Perfect Scale–Revised*. Unpublished manuscript, Pennsylvania State University.
- Speirs Neumeister, K. L. (2004). Factors influencing the development of perfectionism in gifted college students. *Gifted Child Quarterly*, 48, 259-274.
- Speirs Neumeister, K. L., & Finch, W. H. (2006). Perfectionism in high ability students: Relational precursors and implications for achievement. *Gifted Child Quarterly*, 50, 238-251.
- Speirs Neumeister, K. L., Williams, K. K., & Cross, T. L. (2009). Gifted high school students' perspectives on the development of perfectionism. *Roeper Review*, 31, 198-206
- Stoeber, J., Otto, K., Bardi, A., Giner-Sorolla, R., Hamilton-West, K., Joor-Mann, J., ... Weick, M. (2006). Positive conceptions of perfectionism: Approaches, evidence, challenges. *Personality and Social Psychology Review*, 10(4), 295–319. <https://doi.org/10.1207/s15327957pspr1004>
- Stoeber, J., Schneider, N., Hussain, R., & Matthews, K. (2014). Perfectionism and negative affect after repeated failure: anxiety, depression, and anger. *Journal of Individual Differences*, 35(2), 87–94. <https://doi.org/10.1027/1614-0001/a000130>
- Strop, J. (2002). The Affective Side: Eating Disorders--When Critical Thinking Turns on Self. *Understanding Our Gifted*, 14(4), 28-29
- Suldo, S. M., & Shaffer, E. J. (2008). Looking beyond psychopathology: The dual-factor model of mental health in youth. *School Psychology Review*, 37(1), 52.
- Tam, C. S., & Phillipson, S. N. (2013). Parenting and the social-emotional development of gifted students in Hong Kong: A review of the literature based on the actiotope model of giftedness. *Australasian Journal of Gifted Education*, 22(1), 51.
- Tolan, S. (1989). Special problems of young highly gifted children. *Understanding Our Gifted*, 1(5), 1
- Tsui, J. M., & Mazzocco, M. M. M. (2007). Mathematics and perfectionism: Effects of math anxiety and perfectionism on timed versus untimed math testing in mathematically gifted sixth graders. *Roeper Review*, 29, 132-139

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- Vogl, K., & Preckel, F. (2014). Full-time ability grouping of gifted students: Impacts on social self-concept and school-related attitudes. *Gifted Child Quarterly*, 58(1), 51-68.
- Wang, K. T. (2012). Personal and family perfectionism of Taiwanese college students: Relationships with depression, self-esteem, achievement motivation, and academic grades. *International Journal of Psychology*, 47(4), 305-314
- Wang, L. F., & Heppner, P. P. (2002). Assessing the impact of parental expectations and psychological distress on Taiwanese college students. *The Counseling Psychologist*, 30(4), 582-608
- Webb, J. T. (1994). Nurturing Social Emotional Development of Gifted Children. ERIC Digest E527
- Zhou, X., Zhu, H., Zhang, B., & Cai, T. (2013). Perceived social support as moderator of perfectionism, depression, and anxiety in college students. *Social Behavior and Personality: an international journal*, 41(7), 1141-1152

Appendix A: Affective Lessons

Lesson One: Accepting Our Mistakes

Total Duration:

This lesson is designed to take approximately 45 minutes. It can be conducted any time of day and would ideally be completed in one day. If the researcher finds that students are sharing more than anticipated the provided journal prompt may be assigned as homework rather than class work.

Materials, Websites, and Equipment Needed:

Construction paper (one piece per student)

Crayons, markers, etc. for the “My Mistake” component

Appropriate technology is needed (computer or tablet with internet access) in order to play the video for students. The link to the video is: <https://www.youtube.com/watch?v=amIe3MfMLwo>

Lesson and Learning Activities, Guiding Questions:

Strategies:

Whole-class instruction

Individual activity

Whole-group sharing

Steps including time for each:

The researcher should open up the class discussion by asking questions to ascertain how much the students know about perfectionism. Students may have varying levels of knowledge on the subject. The most important idea to get across is that part of perfectionism is being afraid of making mistakes. (*Approximate time: 3 minutes*)

Once students understand, ask them to share their experiences either with making a mistake, or not trying something because they were afraid of making mistakes. Touch on how mistakes made each of the individuals feel, find out if they were afraid to try the activity again after making a mistake. While whole-class sharing is ideal, some classes may prefer to speak in smaller groups. Researchers can use their discretion at this step, as quality discussion and disclosure are important. (*Approximate time: 5-10 minutes*)

The researcher should then steer the class discussion towards how mistakes may be positive. This will provide a transition to the video at the following link:

<https://www.youtube.com/watch?v=V3UqEps1r5E>

The is from a family movie, Meet The Robinsons, in which the main character makes a mistake while trying out a new invention. His family members are suprsingly supportive of the mistake, sharing with him that no progress can be made without taking chances and making mistakes. (*Approximate time 3 minutes*)

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After the video, take some time to get students' overall impressions. Were they surprised to see that so many people were supportive of Lewis's mistake? (*Approximate time: 5 minutes*)

The researcher should now introduce the "My Mistake" activity. The activity instructions are simple:

On a piece of construction paper (provided) write about a mistake you made that turned out okay. Maybe the outcome was silly and funny, maybe you made something even better than you planned, or maybe you just learned from the mistake. You may want to draw a picture that goes along with the mistake. (*Approximate time: 5 minutes*)

Once students have finished, allow all students in the class to share their mistakes with the whole class. They can read off the page or tell the whole story of their mistake. If they drew a picture, make sure students provide enough narration so their classmates understand what happened. Do not force students to share if they don't want to. (*Approximate time: 15 minutes*)

For the last five minutes, students should respond to the following journal prompt:
How did the lesson today change the way you feel about mistakes? Be sure to include how you felt before the lesson, how you feel now, and what part(s) of the lesson changed your mind.

Guiding Questions:

Beyond the prompt addressed above, there are no standardized questions for this lesson. However, some sample questions to facilitate instruction may include:

What are mistakes? Are they good or bad? Why do you think so?

How do you feel when you make a mistake? What do you worry about?

Has there ever been something that you wanted to try, but you chose not to, because you were worried about making a mistake?

A note on previously used materials: The idea of a wall of funny mistakes was mentioned by Dr. Emily Mofield in her 2008 doctoral dissertation. However, it was not discussed in depth and was altered to make the "My Mistakes" exercise that is explained in the lesson. All other aspects are original, with the exception of the video, for which the link is provided.

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Lesson Two: Identifying and Managing Anxiety

Total Duration:

It is likely the entire lesson will take about 45 minutes, not including cleanup. All components should be able to be completed within this time.

Materials, Websites, and Equipment Needed:

- Magazines or other sources of photos that students can cut out for their collages (kids can share but I would suggest about 1:3 ratio for these. Or, you may tear out entire pages before hand and just have the pages sitting out to expedite the process)
- Glue sticks (again, kids can share but I encourage no more than 1:3 for these)
- Scissors (one set per student)
- Markers, crayons, and/or colored pencils (sharing at discretion of teacher)
- Construction paper

Lesson and Learning Activities, Guiding Questions:

Strategies:

Whole-Class Sharing

Craft Project with a Purpose

Whole-Class Activity

Steps including time for each:

First, the teacher(s) will ask the students open ended questions to determine how well they understand the concept of anxiety. Some students may not be familiar with the term, in which case the teacher(s) may need to explain that anxiety is similar to a lot of worry.

(Approximate time: 3 minutes)

After it is clear that students understand what is meant by anxiety, the teacher will ask members of the group/class to share an experience that they felt anxious about.

Encouraging about 3-5 students to share is ideal, as it will help the class as a whole to think about their own personal experiences, without taking up too much time.

Alternatively, the teacher may wish to share experiences they feel their students could understand. This is especially helpful if members of the class are shy or guarded.

(Approximate time: 5-7 minutes)

The teacher should then guide the discussion toward “protective factors,” or things that may help the students to feel better when they start to feel anxious. For example, the teacher may say something like, “we’ve heard what makes some of our classmates feel worried or anxious. All think about what makes us feel better, or calmer.” Then, the teacher can give instructions for the craft project. Step-by-step directions are as follows:

1. Everyone takes two pieces of construction paper
2. Label one page “Anxiety”
3. Label the other page “Calm”
4. Use the craft items provided (magazine, scissors, glue, colored pencils, etc.) to create a collage on each of the handouts. Put things that cause you to be stressed or worried onto the “Anxiety” page, and put things that make you feel better onto the “Calm” page.

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(Approximate time for instructions: 3-5 minutes; Approximate time for activity: 15 minutes)

Once the teacher feels that students have successfully identified both their stressors and protective factors (as demonstrated by the crafting activity), they will move on to proactively addressing anxiety. This activity involves students working together in groups of 3-5, depending on class size. The teacher should give each group a scenario which may cause anxiety due to the unknown (fear of the unknown is a common root of anxiety). One example of a scenario would be: ***During lunch, your teacher comes up to you and hands you a pass saying that you need to go to the principal's office after you finish eating. You know you don't have a doctor's appointment, so you have no idea why the principal would want to see you.*** Students should then write three lists on notebook paper pertaining to the scenario, labeled as: "What I know," "What I don't know," "Where I can get the answers." In their small groups, they should try to work through the scenarios without input from the teacher.

(Approximate time: 10 minutes)

Guiding Questions:

Prior to Activity

Who can tell me what anxiety means? *(Gauges the current knowledge of the class, alter language if necessary).*

What are some times you felt anxious? What was the event or situation that made you feel anxious? *(Ensures students have a good understanding of the concept. Self-disclosure creates comradery in the class and normalizes the feelings and experiences).*

What did you do at those times to try and feel better? Who did you talk to? *(Determines if the students have identified their support system and if they have appropriate coping mechanisms. Also serves as a jumping off point for the collage project)*

A note on previously used materials: The idea for the collage activity was modified from Laurie P. Mendoza. The original activity can be found here:

<http://www.schoolcounselingfiles.com/activities-for-anxious-kids.html>

The discussion questions, journal prompts, and lesson design were my own work. The handout was found via a Google search on the following site:

<http://inspiredaustin.com/outline-of-head/outline-of-head-profile-images/>

Lesson Three: Developing a Positive Self-Concept

Total Duration:

There is a breakdown of time spent for each step provided. The total time this lesson will take is approximately 45 minutes, although it can be altered to allow for more time in class discussion activities. There is time set aside for journaling, but that may be pushed to a homework assignment if time is short.

Materials, Websites, and Equipment Needed:

Journals for writing prompt

Paper for “I am” activity

Technology necessary to play the video: <https://www.youtube.com/watch?v=vSvRA8jUSxQ>

Lesson and Learning Activities, Guiding Questions:

Strategies:

Class Discussion and Activity

Student Sharing

Steps including time for each:

Students will get their notebooks out, select a clean page, and write “I am” and the top. They will also need to have their name on the paper. Then, the teacher will give them time to write short responses that are positive and accurate for them. For example, one student may write “good at soccer” on the first line, “nice to animals” on the next line, etc. It is important that the students write only positive things about themselves. The teacher will have to gauge what a realistic expectation is for amount of items. Some students may be capable of filling the entire notebook page, while others may struggle to find positive aspects. It is recommended that each student write at least five positive things about themselves, but leave at least five lines at the bottom of the page.

(Approximate time: 5 minutes)

The teacher will then collect the papers. The following step can be done in a variety of ways, depending on group size and logistics. The idea is that students will add to the lists of their classmates. If doing whole-class instruction, you may wish to shuffle and redistribute the papers so that all students now have a paper of one of their classmates. Students will then add positive attributes to their classmate’s list. Again, size of the group and logistics will likely effect the number of times the papers are redistributed, but it is ideal for each student’s paper to be added to by at least two other students. *(Approximate time: 10 minutes)*

The papers should be given back to the original students. However, it is extremely important that the papers are checked before they are returned, to ensure that only positive things have been written about the students. During this time, the students will watch a video about positive self-concept. The link to the video is here:

<https://www.youtube.com/watch?v=vSvRA8jUSxQ>

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While the students are watching the video, the teachers should check the pages to ensure only positive things have been written. The teacher may also wish to add to each child's list as well. (*Approximate time: 5 minutes*)

After the video, the teacher will want to review the main concepts presented. They may address the guiding questions below in order to determine that their students have made the appropriate connection between the activity and the video. (*Approximate time: 3-5 minutes*).

The teacher should redistribute the positive "I am" journal pages. Students should be given time to read their own pages before being asked to share what others said. When they volunteer to share, they should be asked to identify the "I am" statement from their classmate that they liked the best and how it made them feel. The student who wrote the positive statement can identify themselves if they wish, but they should not be pressured or forced to do so. It is ideal if all students are given time to share, but some students may decline. (*Approximate time: 10 minutes*)

For the remaining ten minutes, students should respond to a journal prompt. Possible prompts include:

If you could write to the man in the video, what would you say about his message?

Try to think of three people you know who you could help with their self-concept. What may you do for those people or say to them in order to help.

Think back to a time when you were doubting yourself, or didn't feel good about yourself. What happened? What made you feel better?

A note on previously used materials: The positive "I am" statements were used in a doctoral dissertation by Emily Mofield (2008). All other components, including the switching of the pages to add to each other's statements, are of my own design.

Lesson Four: Mindful Problem Solving

Total Duration:

The entire lesson should take approximately 45 minutes.

Materials, Websites, and Equipment Needed:

Problem Solving Worksheet

-There should be enough for each student in the class to have at least 4 sheets to themselves of various situations.

Teachers will ideally need a way to project the practice sheets so that students and teachers can work through them together.

Lesson and Learning Activities, Guiding Questions:Strategies:

Whole-Class Instruction

Group Work

Role-Playing

Sharing of Process

Steps including time for each:

Whole-group instruction is the preferred method to open the lesson. The teacher should share an appropriate personal experience (or make up one that is reasonable) in which they had to make a decision and didn't immediately know what to do. They should talk about how they felt in the situation (stressed, anxious, scared, frustrated, etc.). They may also ask students to volunteer to share their experiences with a difficult situation.

(Approximate time: 5 minutes)

The teacher should then walk the students step-by-step through the problem solving model. The scenario introduced in the embedded example worksheet would be a good sample to begin with. The teacher would ideally have the worksheet projected and work through it so the class can watch each step be completed. It is important for the teacher to allow volunteers at each step so the students get comfortable with making suggestions. A second and perhaps third example should be produced by the class as a whole before moving into small groups *(Approximate time: 15 minutes)*

Now, students should break up into groups of approximately 3-5 depending on the class size. The teacher should then hand out blank Problem Solving Worksheets to each group, only the "Situation" should be filled in. The "Situation" should be different for each group. Sample situations are provided in the **Guiding Questions** section below. Teachers may or may not need to do a lot of facilitating during the group work time. Teachers are encouraged to form groups somewhat by ability-level, especially paying attention to grouping the GHA students together. Students should be given enough time to work through their scenario. *(Approximate time: 15 minutes)*

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When all groups have completed their worksheet to effectively solve problems, allow a spokesperson from each group to briefly share. The teacher may wish to read the situation aloud first, and then the group member(s) can walk the class through their problem solving process and ideas. EACH GROUP should share their work for the class, so students can gain new prospective and reasoning skills. (*Approximate time: 5*)

Guiding Questions:

The following are some sample scenarios which may be appropriate situations for the students to work through the problem-solving model with:

You've been working really hard on your book report (or other large-scale assignment). You aren't quite finished with it yet, but you know you can work on it this weekend. On Friday, your next door neighbor invites you to sleepover at his/her house. You still have a lot of work to do, but you REALLY want to go to the sleepover.

You're playing with your soccer ball in the house, even after your brother/sister already got into trouble for playing with the ball inside. You give it a good kick and break a vase. You quickly try to clean up the mess, but you know your parents will notice. You also know your parents will probably think it was your brother/sister who broke the vase, since they have already been in trouble for it.

You are feeling very stressed because you have way too much to do. You are supposed to be in a softball/baseball tournament this weekend, go visit your grandma, and help your family by cleaning your room and sorting out your toys for a garage sale. Then, you remember that you have a lot of homework in your hardest subject. You get so upset that you feel like you may cry, you have a stomach ache, and you don't know what to do.

A note about previously used sources: The handout included was altered from one developed by John Kapelaris (<http://johnkapeleris.com/blog/wp-content/uploads/2010/12/Problem-Solving-Worksheet.pdf>) to accompany his Creative Problem Solving Process, which he developed in 1996. The idea of creative problem solving has been discussed in various research articles; there are many public sources for similar materials. The examples I gave and exercises I proposed are my own work, but there are many existing similar.

Appendix B: Problem Solving Handout for Lesson Four

Problem Solving Worksheet

Name:
Situation: You see a new student sitting by themselves at lunch. You want to invite them to sit with you, but the other people you are sitting with tell you not to. The lunch line is almost empty, so you know that other students probably won't be sitting with the new student either. The new student is in your grade but not in your class. They look sad, and they keep glancing around.
Identify the Problem:
What are some options you have?
NOW, CHOOSE TWO OF THE OPTIONS FROM ABOVE A. B.
FIRST, THINK ABOUT OPTION A
What are the positive outcomes possible with option A?
What are the negative outcomes possible with option A?

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Do you need special materials or help from someone else for option A? List anything you need or anyone who would need to help you:
NOW THINK ABOUT OPTION B
What are the positive outcomes possible with option B?
What are the negative outcomes possible with option B?
Do you need special materials or help from someone else for option B? List anything you need or anyone who would need to help you:
Choose the best option for the situation. Which one did you choose?
REFLECT: What went right? What didn't go as planned? What do you think you may do differently next time? Do you still think this was the best plan?

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Appendix C: The Child–Adolescent Perfectionism Scale (CAPS)

This is a chance to find out about yourself. It is not a test. There are no right or wrong answers, and everyone will have different answers. Be sure that your answers show how you actually are. Please do not talk about your answers with anyone else. We will keep your answers private and not show them to anyone. When you are ready to begin, read each sentence and pick your answer by circling a number from

“1” to “5.” The five possible answers for each sentence are listed below.

1. False—not at all true of me
2. Mostly false
3. Neither true nor false
4. Mostly true
5. Very true of me

For example, if you were given the sentence, “I like to read comic books,” you would circle a “5” if this is very true of you. If you were given the sentence, “I like to keep my room neat and tidy,” you would circle a “1” if this was false and not at all true of you.

You are now ready to begin. Please be sure to answer all of the sentences.

1. I try to be perfect in everything I do	1	2	3	4	5
2. I want to be the best at everything I do	1	2	3	4	5
3. My parents don't always expect me to be perfect in everything I do	1	2	3	4	5
4. I feel that I have to do my best all the time	1	2	3	4	5
5. There are people in my life who expect me to be perfect	1	2	3	4	5
6. I always try for the top score on a test	1	2	3	4	5
7. It really bothers me when I don't do my best all the time	1	2	3	4	5
8. My family expects me to be perfect	1	2	3	4	5
9. I don't always try to be the best	1	2	3	4	5
10. People expect more from me than I am able to give	1	2	3	4	5
11. I get mad at myself when I make a mistake	1	2	3	4	5
12. Other people think I have failed if I do not do my very best all the time	1	2	3	4	5
13. Other people always expect me to be perfect	1	2	3	4	5
14. I get upset if there is even one mistake in my work	1	2	3	4	5
15. People around me expect me to be great at everything	1	2	3	4	5
16. When I do something, it has to be perfect	1	2	3	4	5
17. My teachers expect my work to be perfect	1	2	3	4	5
18. I do not have to be the best at everything I do	1	2	3	4	5
19. I am always expected to do better than others	1	2	3	4	5
20. Even when I pass, I feel that I have failed if I didn't get one of the highest marks in the class	1	2	3	4	5
21. I feel that people ask too much of me	1	2	3	4	5
22. I can't stand to be less than perfect	1	2	3	4	5

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Appendix D: Revised Children's Anxiety and Depression Scales (RCADS)

**Please put a circle around the word that shows how often each of these things happen to you.
There are no right or wrong answers.**

I worry about things	Never	Sometimes	Often	Always
I feel sad or empty	Never	Sometimes	Often	Always
When I have a problem, I get a funny feeling in my stomach	Never	Sometimes	Often	Always
I worry when I think I have done poorly at something	Never	Sometimes	Often	Always
I would feel afraid of being on my own at home	Never	Sometimes	Often	Always
Nothing is much fun anymore	Never	Sometimes	Often	Always
I feel scared when I have to take a test	Never	Sometimes	Often	Always
I feel worried when I think someone is angry with me	Never	Sometimes	Often	Always
I worry about being away from my parents	Never	Sometimes	Often	Always
I get bothered by bad or silly thoughts or pictures in my mind . . .	Never	Sometimes	Often	Always
I have trouble sleeping	Never	Sometimes	Often	Always
I worry that I will do badly at my school work . .	Never	Sometimes	Often	Always
I worry that something awful will happen to someone in my family	Never	Sometimes	Often	Always
I suddenly feel as if I can't breathe when there is no reason for this	Never	Sometimes	Often	Always
I have problems with my appetite	Never	Sometimes	Often	Always
I have to keep checking that I have done things right (like the switch is off, or the door is locked)	Never	Sometimes	Often	Always
I feel scared if I have to sleep on my own.	Never	Sometimes	Often	Always
I have trouble going to school in the mornings because I feel nervous or afraid	Never	Sometimes	Often	Always
I have no energy for things	Never	Sometimes	Often	Always
I worry I might look foolish	Never	Sometimes	Often	Always
I am tired a lot	Never	Sometimes	Often	Always
I worry that bad things will happen to me	Never	Sometimes	Often	Always
I can't seem to get bad or silly thoughts out of my head.	Never	Sometimes	Often	Always
When I have a problem, my heart beats really fast	Never	Sometimes	Often	Always
I cannot think clearly	Never	Sometimes	Often	Always
I suddenly start to tremble or shake when there is no reason for this .	Never	Sometimes	Often	Always
I worry that something bad will happen to me . .	Never	Sometimes	Often	Always
When I have a problem, I feel shaky	Never	Sometimes	Often	Always
I feel worthless	Never	Sometimes	Often	Always
I worry about making mistakes	Never	Sometimes	Often	Always
I have to think of special thoughts (like numbers or words) to stop bad things from happening. . .	Never	Sometimes	Often	Always
I worry what other people think of me	Never	Sometimes	Often	Always
I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	Never	Sometimes	Often	Always
All of a sudden I feel really scared for no reason at all	Never	Sometimes	Often	Always
I worry about what is going to happen	Never	Sometimes	Often	Always

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I suddenly become dizzy or faint when there is no reason for this...	Never	Sometimes	Often	Always
I think about death	Never	Sometimes	Often	Always
I feel afraid if I have to talk in front of my class	Never	Sometimes	Often	Always
My heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
I feel like I don't want to move	Never	Sometimes	Often	Always
I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always
I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	Never	Sometimes	Often	Always
I feel afraid that I will make a fool of myself in front of people . .	Never	Sometimes	Often	Always
I have to do some things in just the right way to stop bad things from happening	Never	Sometimes	Often	Always
I worry when I go to bed at night	Never	Sometimes	Often	Always
I would feel scared if I had to stay away from home overnight . .	Never	Sometimes	Often	Always
I feel restless	Never	Sometimes	Often	Always

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Appendix E: Students' Life Satisfaction Scale (SLSS)

1. My life is going well
2. My life is just right
3. I would like to change many things in my life*
4. I wish I had a different kind of life*
5. I have a good life
6. I have what I want in life
7. My life is better than most kids

*Items are reverse-scored

Note: Response options are a 6-point Likert scale: Strongly Disagree, Moderately Disagree, Mildly Disagree, Mildly Agree, Moderately Agree, Strongly Agree

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Appendix F: Partial Correlations

Pretest Measures	Self-Oriented Perfectionism	Socially Prescribed Perfectionism	Life Satisfaction	Anxiety	Depression
Self-Oriented Perfectionism	1	.28**	-.06	.36**	.13
Socially Prescribed Perfectionism	.28**	1	-.31**	.23**	.28**
Life Satisfaction	-.06	-.31**	1	-.32**	-.45**
Anxiety	.360**	.227**	-.32**	1	.61**
Depression	.13	.28**	-.45**	.61**	1

Post-Test Measures	Self-Oriented Perfectionism	Socially Prescribed Perfectionism	Life Satisfaction	Anxiety	Depression
Self-Oriented Perfectionism	1	.45**	.03	.23**	.16*
Socially Prescribed Perfectionism	.45**	1	-.25**	.20**	.28**
Life Satisfaction	.03	-.25**	1	-.36**	-.44**
Anxiety	.23**	.20**	-.36**	1	.69**
Depression	.16*	.28**	-.44**	.69**	1

4-Week Follow Up Measures	Self-Oriented Perfectionism	Socially Prescribed Perfectionism	Life Satisfaction	Anxiety	Depression
Self-Oriented Perfectionism	1	.51**	-.03	.21**	.15
Socially Prescribed Perfectionism	.51**	1	-.15	.26**	.31**
Life Satisfaction	-.03	-.15	1	-.33**	-.43**
Anxiety	.21**	.26**	-.33**	1	.67**
Depression	.15	.31**	-.43**	.67**	1

8-Week Follow Up Measures	Self-Oriented Perfectionism	Socially Prescribed Perfectionism	Life Satisfaction	Anxiety	Depression
Self-Oriented Perfectionism	1	.47**	-.11	.21**	.16*
Socially Prescribed Perfectionism	.47**	1	-.19*	.21**	.29**
Life Satisfaction	-.11	-.19*	1	-.33**	-.38**
Anxiety	.21**	.21**	-.33**	1	.70**
Depression	.16*	.29**	-.38**	.70**	1

Total Measures	Self-Oriented Perfectionism	Socially Prescribed Perfectionism	Life Satisfaction	Anxiety	Depression
Self-Oriented Perfectionism	1	.43**	-.10	.30**	.20*
Socially Prescribed Perfectionism	.43**	1	-.05	.27**	.31**
Life Satisfaction	-.10	-.05	1	-.28**	-.38**
Anxiety	.30**	.27**	-.28**	1	.72**
Depression	.20*	.31**	-.38**	.72**	1

* Significant at $p < .05$; ** Significant at $p < .00$